

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

1945 FEB 21 AM 8 07

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
February 19, 1945

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

SOCIAL WELFARE BOARD
BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES
MRS. MARY E. BARKWILL
ROUTE 1, BOX 55
LINDSAY
JOHN C. CUNEO
922 J STREET
MODESTO
WILFORD H. HOWARD
1815 REDWOOD HIGHWAY SOUTH
SANTA ROSA
GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER
JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO
MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of Chapter 3 of Title 1 of Part 3 of the Political Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Encl.
b65

MAIN OFFICE
616 K Street
Sacramento

LOS ANGELES OFFICE
Washington Building
311 South Spring Street

SAN FRANCISCO OFFICE
David Hewes Building
995 Market Street

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
February 16, 1945

FILED
In the office of the Secretary of State
of the State of California

FEB 21 1945

FRANK M. JORDAN, Secretary of State

By *Chas. J. Gandy*
Deputy

1297

MANUAL LETTER NO. 71

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the two chapters as follows:

Investigation and Decision	Revisions 41 thru 79
Continuing Services	Revisions 35 thru 44

The attached revisions of Sec. 250-99, Forms Used in Investigation Procedures, include copies of the following forms:

Ag 201	Certificate of Verification of Eligibility
Ag 202	Report of Investigation
Ag 203	Summary of Information from Review of Documentary Evidence
Ag 204	Applicant's Affidavit of Intent as to Residence
Ag 225	Statement of Responsible Relative of Applicant Under OAS Law
Ag 221	Affidavit Regarding Residence Of Applicant
Ag 228	Authorization for Financial Investigation
Ag 239	Notification of Action by the Board of Supervisors
B1 M506	Notification To County of Action On Physician's Report
B1 M515	Notification To County of Necessity For Reexamination
B1 201	Certificate Of Verification Of Eligibility
B1 202	Report of Investigation
B1 203	Summary Of Information From Review Of Documentary Evidence Of of Age
B1 204	Applicant's Affidavit Of Intent As To Residence
B1 225	Statement of Responsible Relative of Applicant
B1 227	Physician's Report of Eye Examination
B1 221	Affidavit Regarding Residence Of Applicant
B1 228	Authorization for Financial Investigation
B1 239	Notification of Action by the Board of Supervisors
B1 244	Plan For Rehabilitation
CA 201	Certificate of Verification of Eligibility
CA 203	Summary of Information from Review of Documentary Evidence
CA 204	Affidavit of County Residence
CA 213	Statement of Attendance
CA 214	Notice of Termination Of Attendance
CA 220	Affidavit Concerning Father's Absence
CA 221	Affidavit Of State Residence
CA 228	Authorization For Financial Investigation
CA 234	Statement Re Non-County Residence
CA 239	Notification of Action By the Board of Supervisors
DPA 1	Request for Old Age and Survivor's Insurance Information
DPA 2	Inquiry Form For Determining Presumptive Eligibility of a Wage- Earner for OASI Benefits

- DPA 3 Inquiry Form For Determining Presumptive Eligibility of Other
than A Wage-Earner for OASI Benefits
- DPA 4 Face Sheet
- DPA 5 Summary Of Letters Of Guardianship

Since the forms reproduced in this section are the most current and revised copies, the pages of the old manual section should be destroyed (except Form DPA 8, Notice to Applicant Who Withdraws Application, which should be retained in the manual) and the attached revised pages of Sec. 250-99 should be substituted for the obsolete pages.

The attached revisions of Sec. 353-99, Forms Used in Reinvestigation Procedure, constitute a completely revised manual section. Therefore, all pages of the old manual section should be destroyed and the attached revised pages of Sec. 353-99 should be substituted for the obsolete pages.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

250-99 (Continued)

250-99

FORM AG 202 STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

OLD AGE SECURITY
REPORT OF INVESTIGATIONApplicant's Name Mary Ros Address 515 50th Ave. SacramentoAge 68 How verified Marriage certificate in applicant's possession shows age of 26
on June 10, 1902CITIZENSHIP—Birthplace England

If foreign-born, indicate how citizenship was acquired

By own naturalization Date Place

By parent's naturalization X Date 2/5/1891 Place Chicago Ill.

By marriage Date Place

Was husband native-born American Citizen? Place of birth

Was husband naturalized citizen? Date of naturalization Place

Number and 1st To whom Nationality Date Place

dates of 2d To whom Nationality Date Place

marriages 3d To whom Nationality Date Place

RESIDENCE

Date last came to California 1935 Date last came to County 1942 Total number years residence in California 9

LOCALITY	YEARS	FROM	TO
<u>San Francisco County</u>	<u>3</u>	<u>1935</u>	<u>1938</u>
<u>Alameda "</u>	<u>4</u>	<u>1938</u>	<u>1942</u>
<u>Sacramento "</u>	<u>2</u>	<u>1942</u>	<u>present</u>

INSTITUTIONAL INMATE

Is applicant an inmate of a public institution? No Will probably leave on

Is applicant an inmate of a private institution where ineligible to aid?

Name and address of institution

Is applicant an inmate of a private institution where eligible to aid?

Name and address of institution

Conditions of admission

TRANSFER OF PROPERTY

Has applicant made a recent transfer of real or personal property? Yes ☐ No ☒ Date

If so, explain

REAL PROPERTY, APPLICANT

	HOME	OTHER THAN HOME	OTHER THAN HOME
Location	<u>Sacramento Co.</u>		
County assessed value	<u>\$1800</u>		
Encumbrances	<u>\$ 400</u>		
Monthly payments	<u>\$ 10</u>		
Monthly taxes and/or assessments	<u>\$ 5</u>		
Gross income	<u>none</u>		
Value of occupancy and/or net income	<u>none</u>		
Date above information secured	<u>Sept. 1, 1944</u>	From what sources? <u>assessor's, Tax collector's</u> <u>and Bank of America records.</u>	

REAL PROPERTY OF SPOUSE

	HOME	OTHER THAN HOME	OTHER THAN HOME
Location	<u>none</u>		
County assessed value			
Encumbrances			
Monthly payments			
Monthly taxes			
Gross income			
Net income			
Date above information secured		From what sources?	

PERSONAL PROPERTY. (It is assumed that the applicant has a community interest in spouse's personal property, unless facts establish such property as separate.)

	DESCRIPTION	PRESENT MARKET VALUE
Owned jointly by applicant and spouse (community)	<u>Bank of Bank Account, Bank of America</u>	<u>\$ 2.50</u>
	<u>War Bonds</u>	<u>1.50</u>
Owned by applicant as separate property in which spouse has no interest		
Date above information received	<u>9/1/44</u>	From what sources? <u>Bank of America</u>
Home visit 8/25/44, saw war bonds		

FORM AG 202 (revised)—January, 1944

(Section continued on next page)

250-99 Forms Used in Investigation Procedures

250-99

STATE OF CALIFORNIA	DEPARTMENT OF SOCIAL WELFARE FORM AG 201
Certificate of Verification of Eligibility	
Send one copy to State Department of Social Welfare, Sacramento, accompanied by Form Ag 200 and Form Ag 230.	
APPLICANT'S NAME (Give name as on Form Ag 200) <u>John Doe</u> <hr/>	
FORMER STATE NUMBER, IF A TRANSFER OR REAPPLICATION <hr/>	
CONDITIONS OF ELIGIBILITY	
<p>1. Birthdate: <u>February</u> <u>10</u> <u>1872</u> Month Day Year</p> <p>2. Citizenship: <input checked="" type="checkbox"/> Naturalization (Check one) <input type="checkbox"/> Parent's Naturalization <input type="checkbox"/> Marriage of Foreign born woman to Citizen <input type="checkbox"/> Other</p> <p>3. Residence: a. State 25 yrs b. County 15 years</p> <p>4. a. Is an inmate of a public institution, Yes or No. <u>No</u> b. Is an inmate of a public institution but will not be after Month Day Year</p> <p>5. Receiving adequate support from responsible relatives <u>No</u></p> <p>6. Has made voluntary assignment of property <u>No</u></p> <p>7. Has personal property value of \$ <u>364</u> including Amount \$ <u>364</u> cash.</p> <p>8. Has real property assessed value of \$ <u>1000</u></p> <p>9. Applicant and spouse have real property assessed value of \$ _____</p> <p>10. Applicant has income from: SOURCE AMOUNT <u>value of occupancy</u> <u>5.00</u> <u>son James</u> <u>10.00</u></p> <p>11. Applicant is in need <u>yes</u></p> <p>12. Need is in excess of \$50 <u>no</u> Yes No</p>	<p>Sac. <u>6935</u> STATE NUMBER</p> <p><u>Ag 7431</u> COUNTY NUMBER</p> <p>How verified (State nature of evidence and place where it may be reviewed)</p> <p>1. Insurance pol. dated <u>2/10/90</u> shows birthdate, App's possession</p> <p>2. Nat. Cert. <u>4/5/95 Chicago, Ill.</u> in app's possession</p> <p>3. a. aff. of Henry Jones in file b. " " " " " "</p> <p>4. a. Home visit Aug 15, 1944 report in record b. record</p> <p>5. Forms Ag 225 signed by each res. relative in file.</p> <p>6. Sac. Co. assessor's records searched for 1943-44. Report in file.</p> <p>7. Bank statement 9/1/44 in file</p> <p>8. Current assessor's records searched. Report in file.</p> <p>9. Does not apply</p> <p>10. Current assessor's records searched. Report on file. Form Ag 225 on file.</p> <p>11. Form Ag 202 on file</p> <p>12. " " 202 " "</p>
<p>I CERTIFY, That the above facts have been verified by investigation, that supporting evidence is on file in the county office, is open to inspection by duly authorized State and Federal representatives and that to the best of my knowledge and belief the above-named is entitled to Old Age Security under the existing law.</p>	
<p>13. Recommendation of county investigator that aid be granted in the amount of \$ <u>35.00</u>. If beginning date of aid is later than provided under Section 2183 or 2183.9 of the W. and I. Code, specify date from which eligibility is verified _____ Reason for ineligibility prior to this date _____</p>	
<p>14. <u>Mary Jones</u> <u>Sept 12, 1944</u> 15. <u>Paul White</u> <u>Sept. 14, 1944</u> SIGNATURE OF COUNTY INVESTIGATOR Date SIGNATURE OF COUNTY CASE SUPERVISOR OR DIRECTOR Date</p>	
<p>16. Passed by the Board of Supervisors of <u>Sacramento</u> County this <u>2</u> day of <u>October</u> 19 <u>44</u> in the amount of \$ <u>35</u> aid per month, aid to begin on the <u>1</u> day of <u>October</u> 19 <u>44</u></p>	
<p>17. <u>James Brown</u> SIGNATURE OF COUNTY CLERK OR DEPUTY</p>	
<p>RESERVE THIS SPACE FOR STATE APPLICATION</p> <p>DATE REASON FOR CHANGE TOTAL AID</p>	
<p>Aid to begin</p> <p>TOTAL \$</p>	
<p>Form Ag 201 (revised)—July, 1944</p>	

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 203

FORM AG 203—May, 1941
(Formerly Ag 2—Ag 3—Ag 4)
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Summary of Information from
Review of Documentary Evidence

Case Name John DoeCounty Number A-6578

Summary of Information from Review of Documentary Evidence
OLD AGE SECURITY

THIS IS TO CERTIFY That the following pertinent information appears on documentary evidence reviewed:

AGE Insurance policy, dated 2/10/90, gives applicant's birthdate as 2/10/72.

Evidence is in possession of applicant

CITIZENSHIP original certificate of citizenship, dated 4/5/92 issued in
Chicago, Illinois

Evidence is in possession of applicant

RESIDENCE Rent receipts covering period from 2/1/36 to 2/1/42

Evidence is in possession of applicant

[SIGNED]

Mary Brown

Signature of worker reviewing evidence

Date

2/28/42

(Section continued on next page)

250-99 (Continued)

250-99

Form Ag 202 (Reverse)

INSURANCE

	ON THE LIFE OF APPLICANT	ON THE LIFE OF APPLICANT	ON THE LIFE OF SPOUSE	ON THE LIFE OF SPOUSE
Name of company . . .	Prudential			
Policy number . . .	670 325			
Date of policy . . .	9/1/20			
Face value at maturity	\$1000			
Cash surrender value .	\$7.50			
Loan against policy .	none			
Monthly premium . .	3.00			
Premium paid by whom	Daughter Rose			
Name of beneficiary .	Rose Smith			
Date above information secured	8/25/44			
Source of information	Policy seen at home visit			

LEGALLY RESPONSIBLE RELATIVES—(Spouse, adult children)

NAME	ADDRESS	RELATIONSHIP	DATE RELATIVE STATEMENT SENT	DATE RELATIVE STATEMENT RETURNED	ACTUAL MONTHLY CONTRIB. TO APP.
Mary Brown	6608-10th St. Oakland	daughter	8/15/44	9/1/44	\$10
George Roe	Folsom, Cal.	son	8/15/44	8/20/44	none
Rose Smith	Quincy	daughter	8/15/44	8/21/44	none

Which relatives, if any, are not contributing to the extent of their liabilities? none

INCOME—(Present net income to applicant—Specify period if other than monthly)

SOURCE	AMOUNT	DATE AND SOURCE OF INFORMATION
Labor and services . . .		
Real property (including value of occupancy) .		
Personal property (stocks, bonds, royalties, etc.)		
Insurance		
Pensions (military, civil, industrial, OASI) .		
Relatives	\$10	Form Ag 225 dated 8/30/44
Military dependency award		
Other: (Specify)		
What was the approximate amount of applicant's income during the past year?	\$400	Source: rent from home
What debts have been incurred during past year?	none	

What changes have made it necessary to apply for aid? Woman formerly lived in daughter's home and rented her own property. Daughter has now moved to Oakland

Has applicant had military service of a nature which might reasonably entitle him to military benefits? none

Is applicant in receipt of compensation for military service of others, including awards under the Servicemen's Dependents Allowance Act? none

Applicant's Social Security Number is none

Is employment record such that industrial pension or OASI is a possibility? Yes ☐ No ☒ If so, has eligibility for same been investigated?

Is there evidence of current need in excess of \$50 per month? Yes If so, indicate nature, amount and how verified budget made. Form Ag M518 in file.

HEALTH

Does applicant state he is in need of medical attention? ~~no~~ now Is applicant receiving medical attention through a public resource?

If so, indicate type of care given

If receiving private care, give name and address of physician

HOUSEHOLD GROUP—(List persons in household other than the applicant)

NAME	RELATIONSHIP	AMOUNT CONTRIBUTED TO HOUSEHOLD
none		

Date visit made to applicant's home 8/25/44 If home visit not possible, describe substitute contact

Describe present living conditions Lives alone in 5 room frame house

Proposed change, if any none

County worker recommends aid in the amount of \$ 47.50

County worker recommends denial of aid for the following reason:

Elizabeth White
SIGNATURE OF COUNTY WORKER

Date Sept. 15, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 225

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

COUNTY OF _____

COUNTY NUMBER _____

Statement of Responsible Relative of Applicant Under OAS Law (STATUTES OF 1943)

(See Law and Relatives' Contribution Scale on Reverse of This Sheet)

Return completed blank to Sacramento, 404 - 4th Address
County Welfare DepartmentThe eligibility of William Smith for aid under the OAS Law is under consideration.I, John Smith, Name of Applicant
Name of Relative, residing at 1111 - 1st St Sacramento,the son of the above named applicant do hereby make the following statements concerning my
Husband, Wife, Son or Daughter
income, dependents and contributions to the above named applicant.1. I am now contributing \$ 10 Free rent none Free board none
Amount of Yes or no Yes or no
Other contribution to the recipient (explain) none Amount and for what2. I am Single _____ Married ☒ Divorced _____ Separated _____ (check one)

3. My total monthly income is as follows:

Married Daughter. If you are a married daughter and are not separated from your spouse report only the amount of your separate income, if any.
If you have no separate income, complete only Items 1, 2 and 8. Indicate "None" in answer to remaining questions. The affidavit must be signed and notarized.
Married Son. Under the community property law of California your income includes the earnings of your wife. Therefore your wife's earnings must be reported and included in your gross income unless the facts establish her income to be her separate property.Income from my earnings \$ 300 per month State of California Motor Vehicle Dept.
Name and address of employerIncome from wife's earnings \$ none per month
Name and address of employer

Income from other sources (list sources and amount from each source)

Net rental income \$ 10 per month
\$ _____ per month
\$ _____ per month TOTAL GROSS MONTHLY INCOME \$ 310

4. Expenses necessary to the obtaining of the income reported in Item 3 above are:

Net Income Defined. Net income is that amount which remains after subtracting those expenses necessary to the obtaining of the income.
Salary or Wages. Among the necessary expenses may be union dues, if paid, the cost of tools or equipment, including uniforms which must be purchased because of the employment, transportation expenses to and from the job, reasonable cost of meals necessarily purchased away from home due to the employment. Deduction shall not be made for social security taxes, other insurance or retirement deductions (whether voluntary or involuntary), personal income withholding taxes, stock or bond deductions of any kind. Farm or Business. Deduct operating expenses and overhead from gross income.

In no case should living or household expenses for yourself or your dependents be deducted when figuring your net income.

TYPE OF EXPENSE	AMOUNT PER MONTH
<u>Cost of uniforms</u>	\$ <u>7.50</u>
<u>Transportation</u>	\$ <u>3.00</u>
	\$ _____
TOTAL EXPENSES \$ <u>10.50</u>	

5. My net monthly income, after deducting my expenses, is (see Items 3 and 4 above) \$ 299.506. The number of persons dependent upon my income including myself but not including the applicant is 3
Number of persons7. I have unusual expenses which I believe should be given consideration in determining my ability to contribute (such as the cost of necessary service or care due to illness in the family, etc.)
None8. I will from This date contribute \$ 10 Free rent none Free board none
Date Yes or no Yes or noOther contributions (explain) none Amount and for whatJohn Smith
Signature of responsible relativePresent address 1111 - 1st St
Street number or rural routeSacramento
City or townSubscribed and sworn to before me this 5 day of August 1944Name Fred A. Jones Title Notary public
Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature, provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 225 (revised)—February, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 204 (revised)—May, 1942
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

FORM AG 204

County SacramentoName John DoeState No. _____ County No. A-6578

Applicant's Affidavit of Intent as to Residence

OLD AGE SECURITY

(For use of applicant who is making application under Section 2160-d
of the Welfare and Institutions Code)THIS IS TO CERTIFY, That I, John Doe
moved to the County of Sacramento, State of California, on September 20, 1941.

During the three year period before moving to this county I lived in the following counties:

COUNTY	FROM (Date)	TO (Date)	REASON FOR CHANGE
<u>Los Angeles</u>	<u>1937</u>	<u>1939</u>	<u>To live with my sister</u>
<u>San Francisco</u>	<u>1939</u>	<u>9/20/41</u>	<u>To be near children in</u>
			<u>Sacramento County</u>

I moved to this county for the following reason:

To make my home near my children in Sacramento CountyI decided to live permanently herein on September 20, 1941.

Date

John Doe

SIGNATURE OR MARK OF APPLICANT

NOTE—When the applicant can not sign his
name, the signatures of two witnesses
to his mark must appear.

Witness to mark

Witness to mark

Subscribed and sworn to before me this 19th day of February, 19 42Name Elmer Morris Title Deputy Co. Clerk

Signature of person authorized to acknowledge an affidavit

This form or a certified copy thereof shall be submitted to the State Department of Social Welfare with the application for
non-county aid.

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 221

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Sacramento

County

A-6578

County No.

John Doe

Name of applicant

AFFIDAVIT REGARDING RESIDENCE OF APPLICANT FOR OLD AGE SECURITY

Section 118a of the Penal Code, 1937:

118a. False Affidavits as to Affiant's Testimony

Any person who, in any affidavit * * * swears, affirms, declares, deposes, or certifies * * * as true any material matter which he knows to be false, is guilty of perjury.

THIS IS TO CERTIFY, That I, Henry Jones

living at 2000 A Street Sacramento County of Sacramento
Street and number City

State of California, have known John Doe
Name of applicant

an applicant for Old Age Security, for 25 years and know that he/she has resided in California continuously for 25 years from the year 1917 to the year 1942 and in the County of Sacramento for 15 years immediately preceding
Length of time

the date of this affidavit. I have personal knowledge of the applicant's residence for the following reasons:

I met John Doe when we worked together in San Francisco in 1917. We
have been close friends and I have visited in his home from that time
to the present.

[SIGNATURE OF AFFIANT]

Henry Jones

Subscribed and sworn to before me this 19 day of January 1942

Name Ellin Morris Title Deputy Co. Clerk
SIGNATURE OF COUNTY CLERK OR PERSON QUALIFIED TO ACKNOWLEDGE AN AFFIDAVIT

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 221 (revised)—June, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 225 (Reverse)

SECTION 2181. "The Board of Supervisors, director or through an authorized investigator, shall upon receipt of an application for aid, promptly, without any unnecessary delay, and with all diligence, make the necessary investigation. Such investigation shall be completed within 60 days after receipt of the application.

"The Board shall upon receipt of the report of the investigation determine the ability of responsible relatives to contribute to the support of applicant and designate the amount of aid, if any, to be granted. The maximum degree of liability of the responsible relative shall be determined by 'Relatives' Contribution Scale.' In determining ability to contribute, the financial circumstances of responsible relatives shall be given due consideration and, in unusual cases, contributions at less than the amount fixed by 'Relatives' Contribution Scale' may be made as the Board of Supervisors may deem justifiable. A married daughter of the applicant shall not be required to make contributions unless she has income constituting her separate property."

SECTION 2224. "The Board of Supervisors shall determine if the applicant or recipient of aid has within the State a spouse or adult child pecuniarily able to contribute to the support of the applicant or recipient of aid. A brief form shall be sent to the relative inquiring whether the relative is in fact contributing and will continue to contribute to the support of the applicant pursuant to the provisions of Section 2181. This form shall be completed by the relative as a sworn statement.

"Upon the request of the Board of Supervisors, the spouse or adult child shall file such sworn statement within 10 days if living in the county, or within 30 days if living elsewhere in the State; provided, however, that the granting or continued receipt of aid shall not be contingent upon the filing of such sworn statement by such spouse or adult child.

"If the person receiving aid has within the State, a spouse or adult child pecuniarily able to support said person, the Board of Supervisors shall request the district attorney or other civil legal officer of the county granting such aid to proceed against such kindred in the order of their responsibility to support. Upon such demand the district attorney or other civil legal officer of the county granting aid shall, on behalf of said county, maintain an action, in the superior court of the county granting such aid, against said relative, in the order named, to recover for said county such portion of the aid granted as said relative is able to pay, and to secure an order requiring the payment of any sums which may become due in the future for which the relative may be liable. . . ."

The granting of or continued receipt of aid shall not be contingent upon such recovery.

RELATIVES' CONTRIBUTION SCALE

A. NET MONTHLY INCOME OF RESPONSIBLE RELATIVES IN ONE FAMILY	B. NUMBER OF PERSONS DEPENDENT UPON INCOME									
	1	2	3	4	5	6	7	8	9	10 AND OVER
Under 155	0	0	0	0	0	0	0	0	0	0
155 to 174	5	0	0	0	0	0	0	0	0	0
175 to 194	10	0	0	0	0	0	0	0	0	0
195 to 214	15	0	0	0	0	0	0	0	0	0
215 to 234	20	0	0	0	0	0	0	0	0	0
235 to 254	25	5	0	0	0	0	0	0	0	0
255 to 274	30	10	0	0	0	0	0	0	0	0
275 to 294	35	15	5	0	0	0	0	0	0	0
295 to 314	40	20	10	5	0	0	0	0	0	0
315 to 334	45	25	15	10	0	0	0	0	0	0
335 to 354	50	30	20	15	5	0	0	0	0	0
355 to 374	55	35	25	20	10	5	0	0	0	0
375 to 394	60	40	30	25	15	10	0	0	0	0
395 to 414	65	45	35	30	20	15	5	0	0	0
415 to 434	70	50	40	35	25	20	10	0	0	0
435 to 454	75	55	45	40	30	25	15	5	0	0
455 to 474	80	60	50	45	35	30	20	10	0	0
475 to 494	85	65	55	50	40	35	25	15	5	0
495 to 514	90	70	60	55	45	40	30	20	10	0
515 to 534	95	75	65	60	50	45	35	25	15	5
535 to 554	100	80	70	65	55	50	40	30	20	10
555 to 574	100	85	75	70	60	55	45	35	25	15
575 to 594	100	90	80	75	65	60	50	40	30	20
595 to 614	100	95	85	80	70	65	55	45	35	25
615 to 634	100	100	90	85	75	70	60	50	40	30
635 to 654	100	100	95	90	80	75	65	55	45	35
655 to 674	100	100	100	95	85	80	70	60	50	40
675 to 694	100	100	100	100	90	85	75	65	55	45
695 to 714	100	100	100	100	95	90	80	70	60	50
715 to 734	100	100	100	100	100	95	85	75	65	55
735 to 754	100	100	100	100	100	100	90	80	70	60
755 to 774	100	100	100	100	100	100	95	85	75	65
775 to 794	100	100	100	100	100	100	100	90	80	70
795 to 814	100	100	100	100	100	100	100	95	85	75
815 to 834	100	100	100	100	100	100	100	100	90	80
835 to 854	100	100	100	100	100	100	100	100	95	85
855 to 874	100	100	100	100	100	100	100	100	100	90
875 to 894	100	100	100	100	100	100	100	100	100	95
895 to 914 up	100	100	100	100	100	100	100	100	100	100

NOTE.—When the spouse of the applicant is making the sworn statement the above scale does not apply unless the income of that spouse is his or her separate property, i.e., is not community income under the community property laws of California.

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 228

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Authorization for Financial Investigation

OLD AGE SECURITY

County No. A-6578

Martha Meyers

NAME OF COUNTY WORKER

I, John Doe,
residing at 200 A Street, Sacramento California,
Street number City
hereby authorize release to the bearer, a representative of the County Welfare Department
of Sacramento County, any and all information regarding deposits, withdrawals
and balances pertaining to any bank, postal savings, building and loan or trust accounts, which I, or my
spouse either separately or jointly now have or may have had in the past. I also authorize release of
information regarding any collateral held as security for loans advanced to me or my spouse or of the
existence of a safe deposit box, or any stocks and bonds that I, or my spouse either separately or jointly
own or have owned in the past.

I further authorize the bearer to be given information regarding any insurance that I have or
may have had, or any insurance that my spouse has or may have had with any insurance company,
fraternal organization, union, or benefit society. Authorization is also given for release of information
available from the records of the Bureau of Old Age and Survivor's Insurance and from the records of
the Department of Employment regarding Unemployment Benefits.

[SIGNED]

John Doe
Signature of applicantBirthplace River Falls, OregonBirthdate February 4, 1872Maiden name of mother Ann Miller

[SIGNATURE OR

NAME OF SPOUSE]

*Alice Doe*Birthplace of spouse London, EnglandBirthdate of spouse March 5, 1870DATE March 26 1942

FORM AG 228 (revised)—May, 1942

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 239

FORM AG 239 (revised)—May, 1943
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

Notification of Action by the Board of Supervisors OLD AGE SECURITY

Sacramento COUNTY

To: **John Doe**
2000 A Street
Sacramento, California

DATE 8/8/44
COUNTY NUMBER A 6518
STATE NUMBER 2244 Ag
DISTRICT 3

The County Board of Supervisors in accordance with State law and the rules and regulations of the State Board of Social Welfare, acted upon your application for Old Age Security as stated below:

Application granted effective 8/1/44 in the amount of \$ 45.00
Source and amount of income which was deducted 5.00 monthly contribution from son Timothy

Application denied

Reason for action

The County Board of Supervisors adjusted the grant of Old Age Security received by you as stated below:

Aid was **Decreased/Increased** effective _____ to \$ _____
(Cross out one)

Source and amount of income which was deducted _____

Aid was discontinued effective _____

Reason for action _____

The grant of aid, or any change in the amount of aid, is based on your present circumstances, and is in accord with the existing law. The amount of aid granted is subject to revision with a change in your circumstances.

If you do not understand this notice, or are dissatisfied with the action of the Board of Supervisors, contact the County Welfare Department located at 404 4th Street, Sacramento, California for discussion of any question involved.

Ruth Jones
Stamp or Signature of County Worker

An applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may request a hearing before the Board of Supervisors, but such request must be filed with the County Board of Supervisors within 30 days from the date of this notice. (Welfare and Institutions Code, Section 2181.1.)

OR

The applicant or recipient who is dissatisfied with the action taken on his application, or with respect to the amount of aid granted may appeal directly to the State Department of Social Welfare, 616 K Street, Sacramento, but if a hearing before the Board of Supervisors has been requested, an appeal may not be filed with the State Department of Social Welfare until after the decision of the Board of Supervisors has been rendered. (Welfare and Institutions Code, Section 2182.)

IMPORTANT: Information for all recipients of Old Age Security

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of your aid.

In accordance with your statement, formally sworn to at the time you signed your application, you are requested to discuss promptly with your County Welfare Department any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 201

FORM BL 201 (revised) July, 1943
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFAREIF NON-COUNTY CASE
Check here ☐CERTIFICATE OF VERIFICATION OF ELIGIBILITY
FOR AID TO THE BLINDWilliam Anthony Burns
APPLICANT'S NAME (Give full name as on FORM BL 200)824658
COUNTY NUMBERFORMER STATE NUMBER IF
A TRANSFER OR REAPPLI-
CATION

STATE NUMBER

Eligibility Requirements

1. Blindness

- A. Has obtained evidence of degree of blindness . . . yes
Yes or No
- B. Became blind while a resident of California . . . yes
Yes or No

2. Age

- A. Has attained the age of 16 years yes
Yes or No
- B. Birth date 12/18/92

3. Residence

- A. Has State Residence 4
Number Years Verified
- B. Has County Residence 3
Number Years Verified
- C. Has no County Residence in pres-
ent county
Date Residence Established

4. Public Institution

- A. Is an inmate of a public institution No
Yes or No
- B. Name of institution _____

5. Private Institution

- A. Is an inmate of a private institution No
Yes or No
- B. Name of institution _____
- C. Institution is one in which aid may be allowed
Yes or No

6. Property Assignment

- A. Has made voluntary assignment of property to
qualify for aid No
Yes or No
- B. Date of assignment 6/14/42

7. Need

- A. Has real property county assessed value . \$ 1800
Encumbrance of record \$ 300
- B. Has personal property (furniture, cars,
jewelry, livestock, etc.) \$ 200
County assessed value \$ 60
Encumbrance of record \$ 60
- C. Has other personal property of a total value
of \$ none
1. Cash \$ _____
2. Mortgages \$ _____
3. Trust Deeds \$ _____
4. Stocks and Bonds \$ _____
5. Insurance (cash surren-
der value) \$ _____
6. Other \$ _____
- Encumbrance of record \$ _____

D. HAS NET INCOME AS FOLLOWS:

SOURCE	AMOUNT
Rental of rear garage	\$ <u>7.00</u>
Occupancy value of home	<u>3.00</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proof of Eligibility

Including Nature, Date and Location of Evidence

1. Rept. Dr. James Roe 8/16/44 on Form Bl 227
co. file. Empl. record 1940-43, copy in file
2. Sworn statement on app. Seen by visitor,
obvious he is more than 16 yrs of age.
3. Aff. John Doe 9/1/44 verifying res. in State
4 yrs., co. 3 yrs; a.f. Richard Roe 8/30/44
verifying 3 yrs. State and 3 yrs. co. 4
res. on Forms Bl 221 in co. file.
4. App. seen at home by worker 8/28/44; report
in co. file.
5. App. seen at home by worker 8/28/44; report
in co. file.
6. Assessor's and Recorder's records 1942-1944
searched; prop. \$1300 deeded to son, app.
retained life estate; rept. in co. file.
- 7A. Assessor's rec. searched 1942-44; letter
Bldg. & Loan Co. 8/12/44, report in co. file.
- B. Assessor's rec. searched 1942-44; Bank of
Amer. chattel mtge., rept. 8/22/44 in co. file.
- C. App. declared none. Form Bl 228 signed 8/8/44
in co. file.
- D. Tenant intervwd. 8/22/44; app's. share mtge.
payments \$3 per mo. per letter Bldg. and Loan
Co. 8/12/44 in co. file; net occupancy
value of home \$3. Report in co. file.

[OVER]

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL M506

FORM BL M506, REVISED APRIL, 1942
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

DIVISION FOR THE BLIND

NOTIFICATION TO COUNTY OF ACTION ON PHYSICIAN'S REPORT

State Number Sac 4444 B1Name Richards, JaneDate 9/19/44

I hereby certify that I have reviewed Form Bl 227, "Physician's Report on Eye Examination," by Dr. J. H. Dale made on 8/30/44 and
(Date of Examination)

find that the facts contained therein do not show that the visual impairment of the above mentioned person comes within the definition of blindness as adopted in California for the Aid to the Blind programs, for the following reasons:

1. Visual acuity is more than 20/200 with correction _____
2. Visual fields are greater than 20 degrees _____
3. Examining physician questions degree of disability _____

W. A. Pettit M. D.
State Ophthalmologist

Request examination by State Ophthalmologist _____

FORM BL M515

State of California

Department of Social Welfare

State Number Sac 1000 B1Name Richard RoeDate 8/10/44

DIVISION FOR THE BLIND

NOTIFICATION TO COUNTY OF NECESSITY FOR REEXAMINATION

On the basis of the information contained in the attached Form Bl 227, "Physician's Report of Eye Examination," by Dr. John Brown made on 6/30/44
(Date of Examination)

Reexamination is necessary at the time of annual reinvestigation X
Reexamination is necessary in _____ months.

No further reexamination is necessary except in the event of any surgical procedure upon the eyes, in which case a reexamination shall be made within not less than 90 days nor more than 120 days following operation _____

Dr. W. A. Pettit
State Ophthalmologist

FORM BL M515, REVISED AUGUST, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 202

FORM BL 202, REVISED AUGUST, 1944
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

DIVISION FOR THE BLIND REPORT OF INVESTIGATION

APPLICANT'S NAME Richard Roe ADDRESS 819 Laurel St, Sacramento
AGE 38 IF APPLICANT IS UNDER 21 YEARS OF AGE, HOW WAS AGE VERIFIED?

BLINDNESS:
HAS APPLICANT HAD EYE EXAMINATION? yes DATE OF LATEST PHYSICIAN'S REPORT, FORM BL 227, ON FILE 8/16/44

RESIDENCE:
DATE LAST CAME TO CALIFORNIA 4/5/22 DATE LAST CAME TO COUNTY 6/8/40 TOTAL NO. YEARS RESIDENCE IN CALIF. 22yrs.
RESIDENCE DURING PAST TEN YEARS:

COUNTY	YEARS	FROM	TO	COUNTY	YEARS	FROM	TO
SF	18	4/5/22	6/8/40				
Sac.	4	6/8/40	present				

HAVE AFFIDAVITS OF RESIDENCE BY TWO REPUTABLE CITIZENS BEEN SECURED ON FORM BL 221? Yes

INSTITUTIONAL INMATES:
IS APPLICANT AN INMATE OF A PUBLIC INSTITUTION? No. WILL PROBABLY LEAVE ON _____
IS APPLICANT AN INMATE OF A PRIVATE INSTITUTION WHERE INELIGIBLE TO AID? No _____
NAME AND ADDRESS OF INSTITUTION _____
IS APPLICANT AN INMATE OF A PRIVATE INSTITUTION WHERE ELIGIBLE TO AID? No _____
NAME AND ADDRESS OF INSTITUTION _____
CONDITIONS OF ADMISSION _____

TRANSFER OF PROPERTY: _____ NO ☒ A

HAS APPLICANT MADE A RECENT TRANSFER OF REAL OR PERSONAL PROPERTY TO QUALIFY FOR AIB? _____ YES ☐ DATE: _____

IF SO, EXPLAIN: _____

REAL PROPERTY: (FILL IN INFORMATION FOR EACH PIECE OF PROPERTY IN WHICH APPLICANT HAS AN INTEREST EITHER SEPARATELY OR JOINTLY WITH SPOUSE OR OTHERS. IT IS ASSUMED THAT THE APPLICANT HAS A COMMUNITY INTEREST IN SPOUSE'S PROPERTY UNLESS FACTS ESTABLISH SUCH PROPERTY AS SEPARATE.)

	HOME	OTHER THAN HOME	OTHER THAN HOME
LOCATION	819 Laurel St. Sae.	None	
COUNTY ASSESSED VALUE	\$2200.00		
ENCUMBRANCES	500.00		
MONTHLY PAYMENTS	16.00		
MONTHLY TAXES AND/OR ASSESSMENTS	8.00		
GROSS INCOME	None		
VALUE OF OCCUPANCY AND/OR NET INCOME	None		
DATE ABOVE INFORMATION SECURED	8/9/44		
FROM WHAT SOURCES?	Property search:	Bank:	Applicant

PERSONAL PROPERTY: (IT IS ASSUMED THAT THE APPLICANT HAS A COMMUNITY INTEREST IN SPOUSE'S PERSONAL PROPERTY UNLESS FACTS ESTABLISH SUCH PROPERTY AS SEPARATE.)

DESCRIPTION		COUNTY ASSESSED VALUE IF ASSESSABLE	MARKET VALUE IF NOT ASSESSABLE	AMOUNT OF ENCUMBRANCES
OWNED BY APPLICANT	(Savings Acct. #6283451		\$200	None
AS SEPARATE PROPERTY	(Furniture		150	None
	(
OWNED JOINTLY BY	(Savings Acct. #259061		125	None
APPLICANT AND SPOUSE	(
(COMMUNITY)	(
	(

DATE ABOVE INFORMATION SECURED 8/9/44 Bank statement and Co. assessor's record
FROM WHAT SOURCES? _____

<u>INSURANCE:</u>	ON THE LIFE OF APPLICANT	ON THE LIFE OF APPLICANT	ON THE LIFE OF SPOUSE	ON THE LIFE OF SPOUSE
NAME OF COMPANY	Metropolitan		None	
POLICY NUMBER	359408			
DATE OF POLICY	4/9/29			
FACE VALUE AT MATURITY	\$1000			
CASH SURRENDER VALUE	\$310			
LOAN AGAINST POLICY	300			
MONTHLY PREMIUM	\$4.50			
PREMIUM PAID BY WHOM	Applicant			
NAME OF BENEFICIARY	Spouse			
DATE ABOVE INFORMATION SECURED	8/10/44			
FROM WHAT SOURCES?	Letter from Metropolitan Insurance Company, in county file.			

(Section continued on next page)

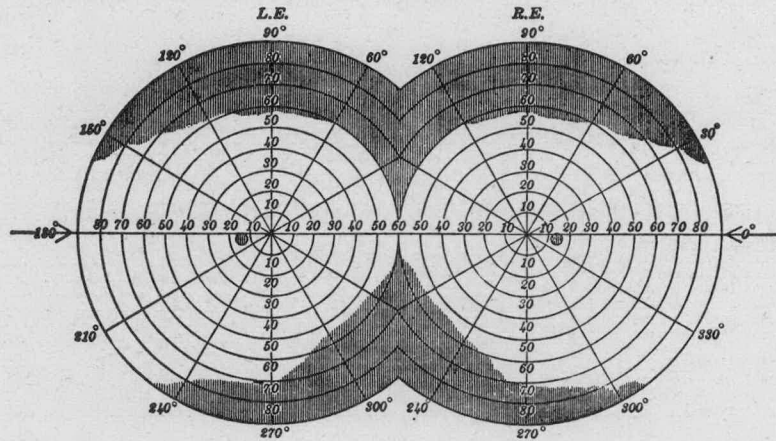
250-99 (Continued)

250-99

FORM BL 201 (Reverse)

14. **PERIPHERAL VISION**—To be recorded in all cases where central vision is greater than 20/200. To be done on a standard perimeter with a radius of 13 inches and a white test object 6 mm. in diameter. The test object should be of such size that it subtends an angle of approximately one degree.

RECORD OF VISUAL FIELDS



15. Prognosis (Is there any likelihood that vision could be restored by operation or treatment?) unfavorable
16. Recommendations—Primary eye condition none
17. Recommendations—Etiological condition none
18. When should applicant be reexamined? not necessary as present condition is permanent
19. Has Wassermann examination been made? no Results _____

REMARKS:

STATE OF CALIFORNIA

COUNTY OF Sacramento

THIS IS TO CERTIFY, That I am a duly licensed and practicing physician skilled in diseases of the eyes; that on the 14th day of September 1944, I examined the applicant named in this report; and that this is a true and accurate description of the condition of applicant's eyes, and of the degree of impairment of vision.

Subscribed and sworn to before me this 14th day

of September 1944

Name Ray Jones
Signature of County Clerk or person qualified
to acknowledge an affidavit

Title Rep. Co. Clk.

[SIGNATURE OF
EYE PHYSICIAN] *Chas. Carson M.D.*

Address 444-3rd Ave.

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

I HEREBY CERTIFY, That I have reviewed the foregoing report of eye examination and find that the facts contained therein show the visual impairment of the person named in this report to come within the definition of blindness as adopted for use in California in the administration of the Aid to the Blind Laws.

Date.....

State Ophthalmologist

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 203

FORM BL 203, REVISED MAY, 1942
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

This Form to be Retained
in County Welfare Office

SUMMARY OF INFORMATION FROM REVIEW OF DOCUMENTARY EVIDENCE OF AGE
AID TO NEEDY BLIND OR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS

County SactoDate 10/6/44Name Richard RoeState No Sac87B1 County No. 31444

This is to certify that the following pertinent information appears on documentary evidence reviewed, showing that applicant meets the age requirements of the Aid to Needy Blind or Aid to Partially Self-Supporting Blind Residents Laws, which specify that applicants for aid, as provided therein, shall be at least sixteen years of age: Baptismal Certificate dated 4/5/22, shows birthdate
as 3/3/22

Evidence is in possession of: Applicant's mother

Jane Brown
Signature of County Worker Reviewing Evidence

5/42 300

(Section continued on next page)

250-99 (Continued)

250-99

[illegible]

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 225 STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

County No. 678

Sacramento County

Statement of Responsible Relative of Applicant for
Aid to the Blind

Charles Keen

has made request for aid under the

Name of Applicant

☒ Aid to Needy Blind Law ☐ Aid to Partially Self-Supporting Blind Residents Law

Completion of this form in detail is necessary in order that proper consideration can be given to the eligibility of the applicant. After completion, please return this form to—

Sacramento County Welfare Department, County Court House, Sacramento

County Welfare Department

Address

Sections 3088 of the Aid to Needy Blind Law and 3474 of the Aid to Partially Self-Supporting Blind Residents Law provide:

"If any applicant receiving aid under the provisions of this chapter has residing within the State a spouse, parent, or adult child, pecuniarily able to support him, upon the failure of such kindred to perform their duty to support the blind person the board of supervisors may request the district attorney . . . to proceed against the kindred . . . The district attorney . . . may, on behalf of the county, maintain an action in the superior court . . . against such relatives . . . (1) to recover . . . such portion of the aid granted as the courts find such relative or relatives pecuniarily able to pay and (2) to secure an order requiring the payment . . . of any sums which may become due in the future for which the relative may be liable. * * *

Responsible relatives of applicants for aid under the Aid to Needy Blind Law should give consideration to Section 3006, and responsible relatives of applicants for aid under the Aid to Partially Self-Supporting Blind Residents Law should give consideration to Section 3405, which sections read:

"Any person who, in order to secure for himself or another the aid provided in this chapter, makes a false statement under oath, shall be deemed guilty of perjury. Whenever any person has by means of false statement or representation or by impersonation or other fraudulent device obtained aid under this chapter, he shall make restitution and all actions necessary to secure restitution may be brought against him."

STATEMENT OF RESPONSIBLE RELATIVE

I, Allen Keen 32 101 6th Street
Name Age Address
of Redding Shasta California
City County State
the son of Charles Keen
Son/Daughter/Spouse/Parent

the above named applicant for aid, do make the following answers to the questions printed below relative to my pecuniary ability to assist said applicant:

(If you are a married daughter, see NOTE on reverse side of this form.)

1. DEPENDENTS

There are 4 persons dependent upon my income including myself but not including the applicant.There are No persons living in my household dependent upon my income for support other than my spouse and minor children.

2. ASSETS

Do you or your spouse own your home? Yes Assessed Value \$ 2023Have you an interest in real estate other than your home? No Assessed Value _____Have you a bank account? Yes Amount of Deposits 43.18Have you accounts with building and loan associations? No Amount of Deposits _____Have you postal savings? No Amount of Deposits _____Do you own stocks, bonds, mortgages or other securities? No Value _____Do you own cash or other personal property not listed above? Yes Value 345.00

3. OBLIGATIONS

Is there a mortgage on your home? Yes Amount \$ 605.00Is there a mortgage on other real property in which you own an interest? No Amount _____Is there a chattel mortgage on your personal property? No Amount _____

List outstanding obligations other than current household bills (personal loans, medical or dental bills, etc.)

Doctor I. Parker (tonsillectomy) Amount 35.00Dr. E. M. Sills - dental bill Amount 15.00

Amount _____

Amount _____

Amount _____

Amount _____

Amount _____

FORM BL 225 (revised) — July, 1943

[OVER]

(Section continued on next page)

250-99 (Continued)

250-99

State of California

Department of Social Welfare

FORM BL 204

County SacramentoName Richard RoeState No. Sac 000B1 County No. 31444

APPLICANT'S AFFIDAVIT OF INTENT AS TO RESIDENCE

AID TO NEEDY BLIND OR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS
(For use of applicant who is making application under Sections 3042 and 3432 of the
Welfare and Institutions Code)

This is to certify, that I, Richard Roe
moved to the County of Sacramento, State of California, on 7/11/44.
Date
During the three year period before moving to this county I lived in the following
counties:

COUNTY	FROM (Date)	TO (Date)	REASON FOR CHANGE IN RESIDENCE
<u>Alameda</u>	<u>Jan. 1941</u>	<u>April 1942</u>	<u>Transferred by employer</u>
<u>San Francisco</u>	<u>April 1942</u>	<u>7/11/44</u>	<u>To make home with daughter</u>
<u>Sacramento</u>	<u>7/11/44</u>	<u>present</u>	<u>Moved with daughter</u>

I moved to this county for the following reason:

I live with my daughter and moved here with her. I moved with intent
to reside permanently.

I decided to make my residence in this county on 7/11/44

Date

Note: When applicant cannot sign his
name, the signature of two
witnesses to his mark must
appear

Richard Roe
Signature or Mark of Applicant

Witness to Mark

Witness to Mark

Subscribed and sworn to before me this 10th day of Aug. 1944

Name Ray Jones Title Deputy Co. Clerk
Signature of person authorized to acknowledge an affidavit

This form or a certified copy thereof shall be submitted to the State Department of
Social Welfare with the application for non-county aid.

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5)
Whenever the oath of an affiant or the affidavit of a person is necessary in order
that a person may obtain charity or relief from any agency or department of the United
States Government, the State of California, or any political subdivision thereof, no
fee shall be charged for the taking of such oath."

FORM BL 204, REVISED OCTOBER, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 227

FORM BL 227 (revised)—June, 1943
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Report of Physician

State No.

Co. No. 678

Physician's Report of Eye Examination

(To accompany Application for Aid to the Blind)

THIS REPORT, TO BE VALID, MUST BE COMPLETELY FILLED OUT

1. APPLICANT'S NAME Richard Roe 2. Sex Male 3. Race White
4. Address 5550 25th Avenue, Sacramento
5. Date of birth 2/11/98 6. Age at onset of impaired vision: Right eye 32 Left eye 32
7. Residence at onset of impaired vision: Right eye Sacramento Left eye Sacramento
8. Eye pathology primarily responsible for impaired vision
Right eye: Glaucoma
Left eye: Glaucoma
9. Secondary pathological conditions, if any
Right eye: Cataract
Left eye: Cataract
10. Etiological factor responsible for primary eye pathology
Right eye: Glaucoma
Left eye: Glaucoma
11. If there is a history of eye injury or operation, state type and date
Right eye: Iridectomy - 1934
Left eye: Iridectomy - 1934
12. Describe briefly all pathological eye findings
Right eye:
Cornea normal
Iris large colobama upward
Pupil U shaped
Lens opaque
Vitreous cannot be seen
Retina and choroid cannot be seen
Optic Nerve evidently atrophic
Left eye:
Cornea normal
Iris large colobama upward
Pupil U shaped
Lens opaque
Vitreous cannot be seen
Retina and choroid cannot be seen
Optic Nerve evidently atrophic

13. **CENTRAL VISUAL ACUITY**—Use Snellen notations in recording visions as 20/200, 10/200, etc. If applicant is unable to read the "200-foot" letter on the Snellen Chart at a distance of 20 feet, he should approach the chart until he can read it. Report the visual acuity as 3/200, or 6/200, etc., with the numerator indicating the distance at which he reads, and the denominator indicating the standard letter he is able to read.

If applicant is unable to read the largest letter on the Snellen Chart from any distance, but can see hand movements, report "Hand Movements" (H.M.) at the determined distance.

If he is unable to see "Hand Movements" report "Light Perception" (L.P.) or "No Light Perception" (No L.P.).

Make definite statements if possible. Symbols such as a check (✓), (O), (X), or terms such as "nil," "none," "blind," "objects," "fingers," "00/200" must not be used. Use AMA reading card in determining near vision.

Distance (20 feet) Near (14 inches)

Distance (20 feet) Near (14 inches)

WITHOUT GLASSES

Right eye (13a) L.P. (13b) L.P. Left eye (13c) L.P. (13d) H.M.

WITH PRESENT GLASSES

Right eye (13e) L.P. (13f) L.P. Left eye (13g) L.P. (13h) H.M.

WITH BEST POSSIBLE CORRECTION

Right eye (13i) No change (13j) No change Left eye (13k) 5/200 (13l) H.M.

REFRACTION RECORD—To be recorded in all cases where refraction improves visual acuity to better than 20/200.

SPHERE

CYLINDER

AXIS

= VISUAL ACUITY

Right eye no helpLeft eye no help

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 225 (Reverse)

4. MONTHLY INCOME

	AMOUNT
What is your monthly salary or earnings?	\$ 155.00
Building and loan association?	None
Stocks and bonds?	"
Rentals?	"
Pensions or compensation?	"
Income from boarders and roomers?	"
Other income? (specify)	"
TOTAL MONTHLY INCOME FROM ALL SOURCES	\$ 155.00

5. MONTHLY EXPENSES

Rent or monthly payment on home	\$ 30.00	
Taxes or assessments (monthly prorata)	10.00	
Utilities (average)	10.00	
Food (average)	60.00	
Insurance (monthly prorata of all premium payments)	5.45	
Clothing and incidentals	30.00	
Installment payments (personal loans, medical or dental bills or other obligations)	10.00	
Other unusual expenses (explain)		
Contributions to dependents other than those living in your household—		
NAME	AGE	RELATIONSHIP
None		
TOTAL MONTHLY EXPENSES		\$ 155.45

6. CONTRIBUTION TO APPLICANT

I am at present contributing to this applicant each month and will continue this contribution until further notice to the County Welfare Department (Check the type of assistance given). If contribution is in kind, estimate its cash value.

<input type="checkbox"/> Cash in the amount of	\$ None
<input type="checkbox"/> Free rent (estimated value)	None
<input type="checkbox"/> Free board (estimated value)	None
<input type="checkbox"/> Free room and board (estimated value)	None
<input type="checkbox"/> Monthly insurance premium on life of applicant	None
<input type="checkbox"/> Other (specify)	None

I will, from this date, contribute—

<input type="checkbox"/> Cash in the amount of	\$ None
<input type="checkbox"/> Free rent (estimated value)	None
<input type="checkbox"/> Free board (estimated value)	None
<input type="checkbox"/> Free room and board (estimated value)	None
<input type="checkbox"/> Monthly insurance premium on life of applicant	None
<input type="checkbox"/> Other (specify)	None

If change in contribution is indicated, state reason therefor.

COUNTY OF Shasta }
STATE OF California } ss.

I solemnly swear or affirm that the statements made herein are true and correct to the best of my knowledge and belief.

[SIGNATURE OF AFFIANT]

Allen Keen

Subscribed and sworn to before me this 6th day of September 19 44

Name John Adams Title Notary Public

Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature, provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

NOTE.—If you are a married daughter and are not separated from your spouse report only the amount of your SEPARATE INCOME, if any. If you have no separate income, complete Section 6 "Contributions to Applicant." Indicate "None" in answer to Section 4 "Monthly Income."

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 221

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Sacramento

County

00000

County No.

John Jones

Name of Applicant

AFFIDAVIT REGARDING RESIDENCE OF APPLICANT FOR AID TO THE BLIND

Please Read Before Making Affidavit

1. Section 3006, Chapter 1, Division 5, and Section 3405, Chapter 3, Division 5, Welfare and Institutions Code, provides:

"Any person who, in order to secure for himself or another the aid provided in this chapter makes a false statement under oath, shall be deemed guilty of perjury. * * *

THIS IS TO CERTIFY, That I, William James, a citizen
of the State of California, living at 1000 10th Street, Sacramento,
Street and number City

County of Sacramento, have known John Jones,
Name of Applicant

an applicant for Aid to the Blind, for 12 years, and know that he/she has been a continuous resident
Number of years
of the State of California for 12 years, from the year 1932 to the year 1944, and of
Number of years

Sacramento County for 10 years immediately preceding
Length of time

the filing of application. I have personal knowledge of the applicant's residence for the following reasons:

Mr. Jones has been a neighbor and friend of mine since he first came to

California in 1932. I have seen him almost daily for the past 12 years.

[SIGNATURE OF AFFIANT]

William James

Subscribed and sworn to before me this 5th day of September 19 44

Name Mary Scott Title Deputy County Clerk
Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM BL 221 (revised)—July, 1944

(Section continued on next page)

250-99 (Continued)

250-99'

FORM BL 227 (Reverse)

Eligibility Requirements

E. Has need in excess of \$50 per month in the amount of (ANB only) \$ 7.00

8. Responsible Relatives

Is receiving adequate support from legally responsible relatives No
Yes or No

9. Rehabilitation

A. Has a plan for self-support No
Yes or No

B. Type of training.....

C. Is engaged in an enterprise from which self-support is expected to be achieved No
Yes or No

D. Type of enterprise.....

10. Certification and Recommendation

I CERTIFY That the above facts have been verified by investigation, that complete supporting evidence is on file in the county office, is open to inspection by duly authorized State and Federal representatives, and that to the best of my knowledge and belief the above-named applicant:

A. Meets the necessary requirements and qualifies for ☒ Aid to the Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents
under the existing law, and my recommendation is that aid be granted in the amount of \$ 47.00

B. Fails to meet the necessary requirements to qualify for ☐ Aid to the Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents
 under the existing law, and my recommendation is that aid be denied for the following reason: _____

11. Jane Brown 9/8/44
SIGNATURE OF COUNTY WORKER DATE

12. Alice White 9/8/44
SIGNATURE OF COUNTY CASE SUPERVISOR OR COUNTY DIRECTOR DATE

13. Approved by the Board of Supervisors of Sacramento County, this 13th day of September 19 44
for Blind Aid in the amount of \$ 47.00, aid to begin on the first day of September 19 44

14. Denied by the Board of Supervisors of _____ County, this _____ day of _____ 19____

15. Ellen Morris
SIGNATURE OF COUNTY CLERK OR DEPUTY

Send original or certified copy to State Department of Social Welfare, Sacramento, accompanied by Forms BL 200, 227, 230
(and Forms BL 25, 221 and 204 when required)

[illegible]

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 239

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

**Notification of Action by the Board of Supervisors
AID TO NEEDY BLIND OR AID TO PARTIALLY SELF-SUPPORTING
BLIND RESIDENTS**

Sacramento COUNTY

To: [

Mr. John Gray
Route 1, Box 145
Folsom, California

Date October 13, 1944County Number 23456State Number Sac 1898 B1District Folsom

The County Board of Supervisors, in accordance with the State law and the Rules and Regulations of the State Board of Social Welfare, acted upon your application for

- ☒ Aid to Needy Blind
☐ Aid to Partially Self-supporting Blind Residents

as stated below:

Application granted effective October 1, 1944 in the amount of \$ 46.00
Source and amount of income which was deducted Occupancy value of home \$4.00

Application denied

Reason for action

The County Board of Supervisors adjusted your grant of

- ☐ Aid to Needy Blind
☐ Aid to Partially Self-supporting Blind Residents

as stated below:

Aid was Decreased/Increased effective _____ to \$ _____
(Cross out one)

Source and amount of income which was deducted _____

Aid was discontinued effective _____

Reason for action _____

The grant of aid, or any change in the amount of aid, is based on your present circumstances and is in accord with the existing law. The amount of aid granted is subject to revision with a change in your circumstances.

If you do not understand this notice, or are dissatisfied with the action of the Board of Supervisors, contact the County Welfare Department located at County Court House Annex, Sacramento

_____ for discussion of any question involved.

Any applicant or recipient who is dissatisfied with the action taken upon his application or with respect to the amount of aid granted may appeal to the State Department of Social Welfare, 616 K Street, Sacramento.

Doris Lane

STAMP OR SIGNATURE OF COUNTY WORKER

IMPORTANT: Information for all recipients of Aid to Needy Blind or Aid to Partially Self-supporting Blind Residents.

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of your aid.

In accordance with your statement, formally sworn to at the time you signed your application, you are urged to discuss promptly with your County Welfare Department any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

FORM BL 239—Revised September, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 228

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Authorization for Financial Investigation*Aid to the Blind*COUNTY No. 4567Ruth Reed

Name of County Worker

I, Richard Roe
residing at 101 Main Street Sacramento, California,
Street Number City
hereby authorize release to the bearer, a representative of the County Welfare Department of
Sacramento County, of any and all information regarding deposits, withdrawals
and balances pertaining to any bank, postal savings, building and loan or trust accounts, which I, or my
spouse, either separately or jointly now have or may have had in the past. I also authorize release of
information regarding any collateral held as security for loans advanced to me or my spouse or of the
existence of a safe deposit box, or any stocks and bonds that I, or my spouse either separately or jointly
own or have owned in the past.

I further authorize the bearer to be given information regarding any insurance that I have or
may have had, or any insurance that my spouse has or may have had with any insurance company,
fraternal organization, union, or benefit society. Authorization is also given for release of information
available from the records of the Bureau of Old Age and Survivor's Insurance and from the records of
the Department of Employment regarding Unemployment Benefits.

[[SIGNED] Richard Roe

Signature of Applicant

Birthplace Chicago, IllinoisBirthdate March 5, 1883Maiden name of mother Martha Brown

[[SIGNATURE OR

NAME OF SPOUSE] Ruth RoeBirthplace of spouse Chicago, IllinoisBirthdate of spouse May 19, 1887DATE September 7 1944

FORM BL 228 (revised)—December, 1942

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 201

FORM CA 201, Revised August, 1942
 STATE OF CALIFORNIA
 DEPARTMENT OF SOCIAL WELFARE

Certificate of Verification of Eligibility Aid to Needy Children

YES ☐ NO ☒

Non-County

Mary ManchesterName of Applicant
(As on Form CA 200)Mother

Relationship to Children

45780

County Number

Former State NumberSac 3357

State Number

ELIGIBILITY REQUIREMENTS

PROOF OF ELIGIBILITY
NATURE, DATE AND LOCATION OF EVIDENCE

1A CHILDREN'S SURNAME	1B MOTHER'S NAME	1C FATHER'S NAME	1D. Evidence verifying parentage
<u>Turner</u>	<u>Mary</u>	<u>George E.</u>	<u>Cert. copy marriage ctf. 4-12-24 Applicant's possession.</u>
2A. Classification			2B. Evidence verifying classification
<u>H. O.</u>			<u>Cert. cpy. father's death ctf. 6-1-30/</u> <u>co. file</u>
3 GIVEN NAMES OF CHILDREN	4 LIVING PLAN	5 PAYEE A RELATIONSHIP B NAME IF OTHER THAN APPLICANT	6A VERIFIED BIRTHDATE
<u>George</u>	<u>O.H.</u>	<u>Mother</u>	<u>6-4-25</u>
<u>Marian</u>	<u>O.H.</u>	<u>Mother</u>	<u>8-9-27</u>
<u>Robert</u>	<u>O.H.</u>	<u>Mother</u>	<u>4-22-29</u>
6B. Evidence verifying birthdate			<u>Bapt. ctf. 8-5-25 Mo. possession</u> <u>Cert. cpy. b/ctf. 8-31-27 co. file</u> <u>Notif. from Sacto. Co. Recorder 4-26-29 co. file.</u>
<u>Manchester</u>	<u>Mary</u>	<u>Joe</u>	<u>Cert. cpy. marriage ctf. 2-4-31 Applicant's possession.</u>
2A. Classification			2B. Evidence verifying classification
<u>P. C. I.</u>			<u>Letter from Mendocino 4-3-42, Fa. comm. 9-1-38</u> <u>Co. to be notified of change of status. co. file.</u>
<u>Gloria</u>	<u>O.H.</u>	<u>Mother</u>	<u>1-3-32</u>
6B. Evidence verifying birthdate			<u>Ver. Calif. St. Bu. Vital Stat. Co. file</u>
7A SCHOOL STATUS (CHILDREN 16-18) NAME OF CHILDREN		REGULAR SCHOOL ATTENDANCE YES NO	
<u>George</u>		<u>X</u>	
7B. Evidence verifying school attendance			<u>CA 213 4-30-42 Co. file</u>
8A RESIDENCE	B STATE (1) HOW ESTABLISHED	C NON-COUNTY (2) DATE COUNTY RESIDENCE BEGAN	8D. Evidence verifying State residence on first line (1). If non-county case, evidence verifying county residence on second line (2)
<u>George</u>	<u>Phy. pres.</u>		<u>1 CA 221, 1926 to present. 4-30-42 Co. file</u> <u>2</u>
<u>Marian et al</u>	<u>birth</u>		<u>1 See Item 6 B.</u> <u>2</u> <u>1</u> <u>2</u> <u>1</u> <u>2</u>

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 244

State of California

Department of Social Welfare

PLAN FOR REHABILITATION
Aid to Needy BlindCounty Sacramento
Date 9/14/44
Name Richard Roe
State Number Sac 000 B1
County Number 31444

To the Board of Supervisors:

I hereby request that special consideration be given my application for Aid to the Needy Blind for the following reasons:

1. I own cash, securities and/or cash surrender value in insurance in excess of \$600 as follows:
 - a. Cash in the amount of \$ 750.00
 - b. Securities, value \$ _____ Description _____
 - c. Cash surrender value in insurance \$ _____
2. I am (engaged in) a remunerative enterprise which will require additional resources for financing, as follows: (Explain fully).
Poultry farm. Cash reserve needed to pay for equipment and replace losses until net profits increase.
3. I have a plan of rehabilitation which will require additional resources for financing, as follows: (Explain fully) _____
4. Date enterprise or rehabilitation enterprise (was started May 14, 1944)
(will start _____)
5. I am receiving rehabilitation training from the following source _____
6. I have applied for rehabilitation training from the following source _____
7. I estimate it will require _____ to complete my training.
Length of Time
8. I estimate the amount of \$ 350.00 will be necessary to carry out my plan.
9. I estimate my income from the enterprise will be approximately \$ 150.00 per month.

Richard Roe
Signature of ApplicantApproved by the Board of Supervisors of the County of Sacramentothis 14th day of September 1944.(Signed) Beth Brooks
County Clerk or Deputy

This form MUST accompany application for, or restoration of, Aid to the Needy Blind in every case where applicant has cash, securities or cash surrender value in insurance in excess of \$600. (See Manual Section 142-05)

FORM BL 244 (FORMERLY BL 25), REVISED JANUARY, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 203

FORM CA 203—December, 1940
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Summary of Information From
Review of Documentary Evidence

Sacramento
County

11111
County Number

Summary of Information from Review of Documentary Evidence
AID TO NEEDY CHILDREN

THIS IS TO CERTIFY, That the following original or certified copies of documentary evidence
pertaining to the verification of Parentage, Classification, Birth, and/or Residence for Joan and
Albert Adams have been reviewed.

Full name of child (ren)

NATURE OF EVIDENCE:

1. County Recorder's record of death, 6/1/40, showing Allan Adams died 5/30/40 in Sacramento. Wife's name shown as Mabel Jones Adams.
2. Baptismal certificate, recorded 7/9/35, First Presbyterian Church, San Francisco, showing Joan Adams born 4/6/35, mother, Mabel Jones Adams; father, Allan Adams; birthplace, Reno, Nevada.
3. Baptismal certificate, recorded 11/5/38, First Presbyterian Church, San Francisco showing Albert Adams born 7/10/38, mother, Mabel Jones Adams; father, Allan Adams; birthplace, San Francisco, California.
4. Sacramento Co. public relief record shows continuous contact with family of Allan and Mabel Adams from 4/1/40 to present.

WHERE EVIDENCE MAY BE REVIEWED:

1. Sacramento County Recorder's office
2. Mother's possession
3. Mother's possession
4. Sacramento County Welfare office
- 5.
- 6.

Lola Larson
SIGNATURE OF WORKER REVIEWING EVIDENCE

Date signed Sept. 9, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 201 (Reverse)

9A. Property owned by parents and/or child(ren):		9B. Evidence verifying property:	
(1) Real property, assessed value \$ 1000		(1) Prop. search 40-41 Assessor's Rec. 4-11-42	
(2) Cash and/or securities, value \$ 150		(2) F.V. Ins. policies 3-10-42 applicant's possession.	
(3) Has made voluntary assignment of property no		(3) See 9 B (1) Investigation reveals none	
10A. Is any child for whom aid is requested receiving \$25 or more for his specific support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10B. Verification and explanation of specific support:	
Name of child(ren) _____		_____	
11A. Contribution from parent(s) not living with child(ren):		11B. Evidence verifying ability to support and contribution from parent(s):	
(1) Able to contribute Yes <input type="checkbox"/> No <input type="checkbox"/>		(1) _____	
(2) Actual contribution \$ _____		(2) _____	
12A. Assistance plan—budgetary basis for determining need:		12B. Verification and explanation of assistance plan:	
(1) Total budget for the family unit \$ 108.79		Gen. M 48 4-30-42 Co. file	
(2) Total income to family unit \$ 12.50		Rent from room - Dup. receipts.app.poss.	
(3) Deficiency \$ 96.29		Gen. M 48 4-30-42 Co. file	
(4) ANC grant \$ 90.00		" " " " " "	
13A. Assistance plan—Board and care basis for determining need:		13B. Verification and explanation of assistance plan:	
(1) Charge for care for _____ child(ren) . . . \$ _____		_____	
(2) Total contribution from parent(s) \$ _____		_____	
(3) Other income to child(ren) \$ _____		_____	
(4) Deficiency \$ _____		_____	
(5) ANC grant \$ _____		_____	
14. CERTIFICATION AND RECOMMENDATION:			
I certify that the above facts have been verified by investigation, that complete supporting evidence is on file in the county office, is open to inspection by duly authorized State and Federal representatives and that to the best of my knowledge and belief:			
A. <u>George, Marian, Robert and Gloria</u> qualify for Aid to Needy Children and I recommend that aid be granted in the amount of \$ <u>96.50</u> ;			
(Names of child(ren))			
B. _____ do not qualify for Aid to Needy Children and I recommend that aid be denied for the following reason(s): _____			
(Names of child(ren))			
<u>Grace Lee</u> Signature of county public assistance worker		<u>5/31/42</u> Date	
<u>Louise Lewis</u> Signature of case supervisor or director		<u>6/2/42</u> Date	
15. Approved by the Board of Supervisors of <u>Sacramento</u> County this <u>6th</u> day of <u>June</u> , 19 <u>42</u>			
for Aid to Needy Children for <u>George, Marian, Robert and Gloria</u>			
(Names of child(ren))			
in the amount of \$ <u>96.50</u> , aid to begin on the <u>1st</u> day of <u>June</u> , 19 <u>42</u> .			
<u>Wm. Allen</u> Signature of County Clerk or Deputy			
16. Denied by the Board of Supervisors of _____ County this _____ day of _____, 19____			
for _____ for the following reasons:			
(Names of child(ren))			

Signature of County Clerk or Deputy			
17. TO BE COMPLETED BY THE STATE DEPARTMENT OF SOCIAL WELFARE			
Aid to begin _____			
Amount . \$ _____			
Signature of Reviewer _____ Date _____			

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 213

FORM CA 213 (revised)—July, 1941
(Formerly CA 44)STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Statement of Attendance

Statement of Attendance

I HEREBY CERTIFY, That Ruth Thompson

Full name of child

residing at 616 Kay Street, Sacramento

Address

enrolled at this institution on September 25, 1944, and is/~~is not~~ enrolled

Month

Day

Year

here at this time. Present semester began September 25, 1944

Month

Day

Year

Sacramento Main High School

Name of institution

Betty May Brown - Registrar

Signature and title of official

Sacramento

City

California

State

Date October 1, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 204 (revised)—June, 1942
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

FORM CA 204

County SacramentoName of Children Stillman, Sally *et al.*State No. Sac 8888CA County No. 920**Affidavit of County Residence**
AID TO NEEDY CHILDREN

A. To be filled in by parent or legal guardian who determines county residence of child or children

THIS IS TO CERTIFY That I, Betty Stillman, residing at 616 Kay Street, Sacramentoam the mother of Sally *et al.*
Parent or legal guardian Name of childrenI came to the County of Sacramento on 6/8/44 and intended to establish residence
Datetherein on 6/8/44 and intend to continue residing in said county.
Date

During the year preceding the date residence was established in this County, I have lived in the following counties:

COUNTY	FROM—DATE	TO—DATE	INTENT
<u>San Luis Obispo</u>	<u>9/1/39</u>	<u>6/7/44</u>	I <u>did</u> / <u>did not</u> intend to make my home in this county.
			I <u>did</u> / <u>did not</u> intend to make my home in this county.
			I <u>did</u> / <u>did not</u> intend to make my home in this county.
			I <u>did</u> / <u>did not</u> intend to make my home in this county.
			I <u>did</u> / <u>did not</u> intend to make my home in this county.

B. To be used when county residence of child or children determined by physical presence

THIS IS TO CERTIFY That _____
Name of children

have been physically present in the County of _____ since _____

Reason for knowledge of fact _____

[SIGNATURE OF AFFIANT] Betty StillmanSubscribed and sworn to before me this 3rd day of September 19 44Name Frances Fisher Title Deputy County Clerk
Signature of person authorized to acknowledge an affidavit

This form or a certified copy thereof shall be submitted to the State Department of Social Welfare with the application for non-county aid

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 220

FORM CA 220 (revised)—March, 1941
(Formerly CA-43)STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Affidavit Concerning Father's Absence

Sacramento 5555 Sac 5556CA
County County No. State No.

Doe, Doris et al.
Name of Children

Affidavit Concerning Father's Absence

[To be filled out by mother or person in loco parentis]

THIS IS TO CERTIFY, That, to the best of my knowledge and belief, the children listed below come within the provision of 1501 (d) (1), Welfare and Institutions Code, which reads as follows: "A child who has been deprived of the father's support or care by reason of his continued absence for a period of at least three years and the whereabouts of whose father during the three years preceding the date of application for aid is unknown, and for whose father a warrant on a failure to provide charge has been issued."

(List children here)

Doris
Irene
Lewis

I, Madeline Doe, mother
Name State relationship to children
living at 8888 Stockton Boulevard, Sacramento, testify that:
The children's father Donald Doe last resided with his family
Name
at 8888 Stockton Boulevard, Sacramento
He left me on or about April 10, 1940
He was last seen on or about April 10, 1940
He was last heard from on or about July 4, 1940
His last known whereabouts were San Jose, California

All clues which would lead to his apprehension have been given to the authorities.

Madeline Doe
SIGNATURE OR MARK OF AFFIANT

NOTE.—When the affiant can not sign his name,
the signature of two witnesses to his mark
must appear.

WITNESS TO MARK

WITNESS TO MARK

Subscribed and sworn to before me this 1st day of September 19 44
Name Frances Fisher Title Dep. Co. Clk.
SIGNATURE OF COUNTY CLERK OR PERSON QUALIFIED TO ACKNOWLEDGE AN AFFIDAVIT

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 214

FORM CA 214, (revised)—July, 1941
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Notice of Termination of Attendance

NOTICE OF TERMINATION OF ATTENDANCE

1. This is to report that Mary Martin
Name of Student
of 2724 Tee Street, Sacramento
Address
terminated attendance in this institution on April 19, 1944
Month Day Year
2. Reason for termination Abandonment of course

Termination of attendance includes:

- (a) Completion of course.
- (b) Abandonment of, or failure to resume, course by student.
- (c) Expulsion for failure to comply with the rules and regulations of the institution.
- (d) Transfer to another school.

Sacramento Main High School
Name of Institution

Betty May Brown, Registrar
Signature and Title of Official

Sacramento
City

California
State

Date May 3, 1944

NOTE.—This form to be submitted only upon completion or termination of the course when either occurs prior to the time the child attains age 18.

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 228

FORM CA 228 (revised)—April, 1942
(Formerly Ca 17)STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

Authorization for Financial Investigation

Authorization For Financial Investigation
AID TO NEEDY CHILDREN

County No. 90000

Janet Jacobs

Name of County Worker

I, Marian Masonresiding at 1818 State Street, Sacramento, California, hereby authorize
Street Number City

released to the bearer, a representative of the County Welfare Department of Sacramento County, any and all information regarding deposits, withdrawals and balances pertaining to any bank, postal savings, building and loan or trust accounts, which I, my husband/wife, or children, either separately or jointly now have or may have had in the past. I also authorize release of information regarding any collateral held as security for loans advanced to me, my husband/wife, or of the existence of a safe deposit box or any stocks and bonds that I, my husband/wife, or children, either separately or jointly own or have owned in the past.

I further authorize the bearer to be given information regarding any insurance that I have or may have had, or any insurance that my husband/wife, or children have or may have had with any insurance company, fraternal organization, union, or benefit society. Authorization is also given for release of information available from the records of the Bureau of Old Age and Survivor's Insurance and from the records of the Department of Employment regarding Unemployment Benefits.

[SIGNED]

Marian Mason
SIGNATURE OF APPLICANTBirthplace Merced, CaliforniaBirthdate January 20, 1910Maiden name of mother Marie Brown

[SIGNATURE OR

NAME OF SPOUSE]

Neal MasonBirthplace of spouse Los Angeles, CaliforniaBirthdate of spouse June 30, 1908DATE September 14, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 221

FORM CA 221 (Revised)—April, 1942
(Formerly CA 9)
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

Sacramento 8585
County Co. No.

Mathews, Maurine, et al
Name of Children

AFFIDAVIT OF STATE RESIDENCE
AID TO NEEDY CHILDREN

Section 118a of the Penal Code, 1937:

118a. False Affidavits as to Affiant's Testimony

Any person who, in any affidavit * * * swears, affirms, declares, deposes, or certifies * * *
as true any material matter which he knows to be false, is guilty of perjury.

THIS IS TO CERTIFY, That I Arthur Beeman
living at 3133 Kay Street, Sacramento
County of Sacramento State of California, have known
Maurine and Drusilla Mathews
Write in names of child(ren) for whom State Aid is requested
for 3 years

- (a) That they were born in the State of Nevada
(b) That they have been physically present in this State since 1941
(c) That their parent/parents have resided in the State since 1941

Child(ren) and/or parents have resided in the county of Sacramento since 1941

Reason for knowledge of facts as stated above I have been next door neighbor to
family since 1941.

[SIGNATURE OF AFFIANT]

Arthur Beeman

Subscribed and sworn to before me this 3rd day of September 1944

Name Francis Fisher Title Dep. Co. Clk

Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 239

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

**Notification of Action By the Board of Supervisors
Aid to Needy Children**

Sacramento COUNTY

To: ☐

Mrs. Madeline Sherman
8181 48th Avenue
Sacramento, California

Date September 14, 1944Children's Surname ShermanState No Sac 5552 County No. 6664

District _____

L

J

The County Board of Supervisors in accordance with the State law and the Rules and Regulations of the State Board of Social Welfare acted upon your application for Aid to Needy Children as checked below:

☒ Application granted effective September 1, 1944 in the amount of \$ 134
For Susanne and Shirley

Write in names of children

☐ Application denied
For _____

Write in names of children

Reason for Action: _____

The County Board of Supervisors adjusted the grant of Aid to Needy Children received by you as checked below:

☐ Aid was **Decreased/Increased** effective _____ to \$ _____
(Cross out one)
For _____

Write in names of children

☐ Aid was discontinued effective _____
For _____

Write in names of children

Reason for Action: _____

The grant of aid, or any change in the amount of aid, is based on the present circumstances and is subject to revision with a change in circumstances.

If you do not understand this notice or are dissatisfied with the action of the Board of Supervisors, contact the County Welfare Department located at _____ for discussion of any question involved.

Any applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may appeal to the State Department of Social Welfare, 616 K Street, Sacramento, California.

Lydia LeNoir
SIGNATURE OF COUNTY WORKER

IMPORTANT.—Information for all recipients of Aid to Needy Children:

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of aid.

In accordance with your statement, formally sworn to at the time you signed the application, you are urged to discuss promptly with your County Welfare Department any changes in circumstances or financial condition. This will include reporting marriage of parent or a child as well as discussion of purchase or sale of real or personal property and any changes in income from property, earnings, or any other source.

FORM CA 239 (revised)—June, 1944

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 234

FORM CA 234—March, 1941
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Statement Re Non-County Residence

STATEMENT RE NON-COUNTY RESIDENCE

AID TO NEEDY CHILDREN

(To be Submitted to State Department of Social Welfare on
Non-County Cases Only)

1. The residence of Doe, Elizabeth et al in Sacramento County
Full name of child(ren) County of application

is determined at the present by the provisions of Subdivisions (b) of Section 1526 of the
a, b, c, d, e, or f
Welfare and Institutions Code.

2. The counties of child's residence and the basis for determining the child's residence during the past year immediately preceding date residence began in county of application were as follows:

COUNTY OF CHILD'S RESIDENCE	PERIOD OF CHILD'S COUNTY RESIDENCE	BASIS FOR DETERMINING CHILD'S RESIDENCE SUBDIVISION SECTION 1526	REASON
Yuba	Jan. 1934 to September 5, 1941	(a)	Residence determined by father.
Sacramento	Sept. 5, 1944 to present	(b)	Father deceased - residence determined by mother
	to		
	to		
	to		

3. If child's(ren's) residence determined under Subdivision "e" of Section 1526, state why Subdivisions a, b, c, and d do not govern child's county residence (i.e. death of parents, etc.).

4. Indicate other pertinent information if it is necessary to clarify the non-county status in an individual case.

[SIGNATURE OF COUNTY WORKER]

Helene Hart

Date

8/19/42

(Section continued on next page)

250-99 (Continued)

250-99

FORM DPA 2

FORM DPA-2—April, 1940
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

INQUIRY FORM

For Determining Presumptive Eligibility of a Wage-Earner for O.A.S.I. Benefits

1. Name John Doe 00000
Social Security Account Number

Address of Applicant 2000 A Street, Sacramento, California

2. Date of birth—Month April Day 15 Year 1876

Place Milpitas Santa Clara California USA
City or town County State Country

3. *Record of employment since December 31, 1936

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
ABC Manufacturing Co.	Front St., Sacramento, California	July	1940	Feb.	1944
California Bread Co.	1015 Market St., Oakland, California	January	1939	July	1940

4. If married, state your wife's maiden name, age, and date of birth, or your husband's name, age and date of birth:

Name Mary Brown Age 65 Date of birth 12/4/1878

5. Have you any children, including stepchildren and legally adopted children, under 18 years of age unmarried? no
Yes or No

If so, how many? _____

6. Have you previously filed an application for any benefits under Title II of the Social Security Act? yes
Yes or No

If so, state the name under which the application was filed, the approximate date filed, and the place where filed:

John Doe 10/11/42 Sacramento, California
Name Date Application Filed City State

*A wage-earner attaining age 65 before July 1, 1940, may qualify for monthly benefits upon acquiring six quarters of coverage. However, if he attained age 65 prior to January 1, 1937, remuneration paid to him prior to January 1, 1939, is not counted toward benefits, and no quarter of coverage can be acquired during this period. Therefore, only the employers for whom he worked on and after January 1, 1939, should be included.

If the wage-earner attained age 65, in 1937 or 1938, remuneration paid to him subsequent to attainment of age 65 and prior to January 1, 1939, is not wages and is not counted toward benefits. Therefore, names of employers for the period between the wage-earner's sixty-fifth birthday and January 1, 1939, should not be included.

(Section continued on next page)

250-99 (Continued)

250-99

FORM DPA 1

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Request for Old Age and Survivor's Insurance Information

NAME OF RECIPIENT OF PUBLIC ASSISTANCE	COUNTY NUMBER	NAME OF WAGE EARNER	SOCIAL SECURITY ACCOUNT NUMBER
Mary Brown	Sac 0000	John Brown	6478395

Mary Brown

NAME OF CLAIMANT, IF OTHER THAN WAGE EARNER

widow

RELATIONSHIP TO INSURED

600 Kay St Sacramento

ADDRESS OF CLAIMANT (in full)

DIRECTOR, BUREAU OF OLD AGE AND SURVIVOR'S INSURANCE:

Date Sept. 6, 1944

The above named person is unable to produce a copy of an award or disallowance letter from the Social Security Board with reference to a claim for benefits under Title II of the Social Security Act, as amended.

It is requested that information, available from your records, regarding the entitlement of the above named person to Old Age and Survivor's Insurance Benefits be furnished this office. The information requested herein is required by

Sacramento County Welfare Dept., Sacramento,
Name of Local Welfare Agency City

California, in order to determine the actual needs of this individual for public assistance or relief. We have secured the written permission of the above person to request this information, which will be used only for the purpose stated, and will not be disclosed to any other organization or person, except in accordance with expressed regulations or instructions of the Social Security Board, or as provided in the Board Approved State Public Assistance Plan.

[SIGNATURE] John Smith Title Public Assistance Worker

SOCIAL SECURITY BOARD REPORT

Local Welfare Agency _____ Date _____

Street _____ City _____ California

The records of this Bureau disclose the following:

Wage Earner's Account No. _____

Date of award _____ Name of beneficiary _____

Type of monthly benefit _____ Amount of monthly benefit _____

Month of entitlement _____ Initial payment _____

Explanation of any necessary deductions _____

Date of birth, if age 65 or over _____ Amount of lump-sum death payment _____

Disallowed _____ Reason _____

Date

DIRECTOR, BUREAU OF OLD AGE AND SURVIVOR'S INSURANCE

By _____ Title _____

FORM DPA 1 (revised)—July, 1944

(Section continued on next page)

250-99 (Continued)

250-99

Form DPA 4 (Revised)—April, 1941
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

Form DPA 4 (Page 1)

FACE SHEET

Surname _____ Alias _____ Case Number _____
 Cross Reference _____ State Number _____
 Maiden Name _____ Marital Status _____ Race _____
 Religion _____

DATE	PRESENT ADDRESS	AMOUNT RENT OR PAYMENT	LANDLORD OR MORTGAGOR AND ADDRESS

FIRST NAME	BIRTH DATE	BIRTH PLACE	OCCUPATION	SOCIAL SECURITY NUMBER	EDUCATION YEAR FINISHED
Man					
Woman					
Children					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

OTHERS IN HOUSEHOLD

NAME	AGE	RELATIONSHIP	OCCUPATION	AMOUNT INCOME	CONTRIBUTING TO HOUSEHOLD
1					
2					
3					
4					
5					
6					

BOUR	MARRIAGE		SEPARATION		DIVORCE		DEATH	
	Date	Place	Date	Place	Date	Place	Date	Place
Man								
Woman								

REAL PROPERTY									Form DPA 4 (Page 2)	
OWNER	LOCATION	CONTRACT PURCHASE	ASSESSED VALUE AND DATE	ENCUM- BRANCES	MONTHLY PAYMENTS	MONTHLY TAXES AND SPECIAL	NET INCOME	LIFE ESTATE		
Home										
Other										

PERSONAL PROPERTY

Cash on hand \$ _____ Bank account \$ _____ Bank and address _____
 Stocks and bonds \$ _____ Company _____ Market value _____
 Automobile—Make, model, year _____ value _____ Encumbrance _____
 Furniture—Description _____ Assessed value _____ Market value _____
 Safe deposit _____ Other personal property _____
 Other encumbrances _____
 Life insurance _____

INSURED	COMPANY	POLICY NUMBER	DATE ISSUED	FACE VALUE	CASH VALUE	MONTHLY PREMIUM	LOANS	BENEFICIARY

INCOME

TO WHOM	SOURCE	NET AMOUNT

DEBTS

TO WHOM	NATURE	DATE INCURRED	AMOUNT

Date _____ [WORKER] _____

[illegible]

Form DPA 5

FORM DPA 5—January, 1942
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Summary of Letters of Guardianship

CASE NAME John Doe
COUNTY NO. Sac 0010

SUMMARY OF LETTERS OF GUARDIANSHIP

Sacramento	Sac 9999 Ag	OAS
County Name	State Number	Category

THIS IS TO CERTIFY That letters of guardianship were reviewed and contain the following information:

1. On 9/8/41 _____ letters of guardianship were issued
Date-
2. To Marie Carel _____ who was appointed
Name of guardian
3. Guardian of the person and estate _____
Person sold/or estate
4. Of John Doe _____
Name of ward
5. By Superior Court - Sacramento County _____
Name of Court

Evidence is in the possession of Sacramento County Welfare Department

Is the guardian a public official? No If so _____
Yes or No Country or State

Give title of position _____
and Department _____

and any special instructions of the court appearing in the order appointing the guardian _____

[SIGNED]

Jane Brown
Signature of worker reviewing evidence

Date 8/24/42

(Section continued on next page)

250-99 (Continued)

250-99

FORM DPA 3

FORM DPA-3—April, 1940
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

INQUIRY FORM
For Determining Presumptive Eligibility of Other than a Wage-Earner
for O. A. S. I. Benefits

John Doe

Name of Deceased Wage-Earner

00000

Social Security Account Number

1. Name of Applicant Mary Brown DoeAddress of applicant 2411 4th Avenue, Sacramento, California2. Relationship to deceased wage-earner widow

If widow, state when and where you and the wage-earner were married:

Month June Day 20 Year 1903 Place Los Angeles, California3. Deceased wage-earner was born: Month April Day 15 Year 1876Place Milpitas Santa Clara California USA
City or Town County State Country4. Date of his death: Month January Day 15 Year 1944Place Sacramento Sacramento California USA
City or Town County State Country5. Date of birth of applicant: Month December Day 4 Year 1878Place San Jose Santa Clara California USA
City or Town County State Country

6. *Record of employment of deceased wage-earner since December 31, 1936:

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
ABC Manufacturing Co.	Front St., Sacramento, California	July	1940	Feb.	1944
California Bread Co.	1015 Market St., Oakland, California	January	1939	July	1940

7. State below the name of each living child of the deceased wage-earner, including stepchildren and legally adopted children, under 18 years of age and unmarried.

FULL NAME OF CHILD	DATE OF BIRTH			NAME, ADDRESS, AND RELATIONSHIP OF PERSON WITH WHOM THE CHILD WAS RESIDING AT TIME OF WAGE-EARNER'S DEATH
	MONTH	DAY	YEAR	
none				

*If the deceased was 65 years of age before January 1, 1937, name only the employers for whom he worked on and after January 1, 1939, as remuneration paid to the wage earner subsequent to December 31, 1936, and prior to January 1, 1939, is not considered wages, and no quarter of coverage can be acquired during this period. If the deceased wage-earner's sixty-fifth birthday occurred in 1937 or 1938, do not include the names of his employers for the period between his sixty-fifth birthday and January 1, 1939, as remuneration paid to him during this period is not considered wages, and no quarter of coverage can be acquired.

(Section continued on next page)

353-99 (Continued)

353-99

FORM AG 206

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

State No. 9-9-1000

County No. 9-444

RECIPIENT'S AFFIRMATION OF ELIGIBILITY FOR OLD AGE SECURITY

I, John Doe, residing at 419 4th Street,
Print or Type Name in Full Street Number or R.F.D.

City Sacramento, County of Sacramento,
 California, herewith affirm my belief that I am eligible for Old Age Security, to wit:

I do not own real property with an assessed value, less all encumbrances thereon of record, in excess of three thousand dollars (\$3,000.00).

The combined real property of my spouse and myself does not have an assessed value, less all encumbrances thereon of record, in excess of three thousand dollars (\$3,000.00).

I live in a home which I own in whole or in part X
Yes No

My spouse and/or I have acquired real property consisting of none
 since my last application for Old Age Security.

My spouse and/or I have disposed of real property consisting of none
 since my last application for Old Age Security.

I do not have personal property, the value of which less all encumbrances thereon of record is in excess of six hundred dollars (\$600.00).

I have acquired personal property consisting of none
 since my last application for Old Age Security.

I have disposed of personal property consisting of none
 since my last application for Old Age Security.

I am in need. I have income, not including Old Age Security, as follows:

SOURCE	AMOUNT OF CASH	OTHER THAN CASH—SPECIFY SUCH AS FREE RENT, FOOD, ETC.
Spouse	\$ <u>none</u>	<u>none</u>
Children	<u>15.00</u>	"
Other Relatives or Friends	<u>none</u>	"
Earnings	"	"
Rentals	"	"
Annuities or Insurance	"	"
Servicemen's Allowances	"	"
Stock Dividends	"	"
Interest	"	"
Social Security Benefits	"	"
Civil, Military or Fraternal Pensions	"	"
Other	"	"

I have received during the past year, other than Old Age Security, income from the following sources \$15 per month
from son

My spouse is living yes. His, or her, address is 419 4th St., Sacramento, California
Yes or No

I have 3 living children.

I have been an inmate of a hospital or institution since my last application for Old Age Security no
Yes or No

I solemnly swear or affirm that the statements above set forth are true and correct to the best of my knowledge and belief, and that I will notify the county authorities promptly of any change in my income or in my property holdings or financial condition, and of any change in address.

NOTE.—When recipient can not sign his name, the signature of two witnesses to his mark must appear.

John Doe
 Signature or Mark of Applicant

Witness to Mark

Witness to Mark

Note: Optional with county whether or not signature is attested.
 Subscribed and sworn to before me this 24th day of August, 1944.

NAME James C. Brown Title Notary Public
Signature of Person Qualified to Acknowledge an Affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 206 (revised)—August, 1943

(Section continued on next page)

353-99 Forms Used in Reinvestigation Procedures

353-99

The following forms are reproduced in this section :

Ag 206, Recipient's Affirmation of Eligibility for Old Age Security
Bl 206, Recipient's Affirmation of Eligibility for Aid to the Blind
CA 206, Applicant's Affirmation of Eligibility for Aid to Needy Children
Ag 208, List Certificate of Reinvestigation of Eligibility for Old Age Security
Bl 208, List Certificate of Reinvestigation of Eligibility for Aid to Needy Blind
CA 208, List Certificate of Reinvestigation of Eligibility for Aid to Needy Children

(Section continued on next page)

353-99 (Continued)

353-99

FORM BL 206

FORM BL 206 (revised)—July, 1943
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

State No. Sac 80 B1

County No. 1123

Recipient's Affirmation of Eligibility for Aid to the Blind

I, William Smith residing at Rte. 1, Box 62
PRINT OR TYPE NAME IN FULL STREET NUMBER OR R.F.D. (If in institution, give name)
 City of Sacramento County of Sacramento

California, herewith affirm that I am in need and believe that I am eligible for ☒ Aid to Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents to wit:

- I am blind to the extent—Totally X Partially _____ Degree, if known _____
- I do not own real and/or personal property with a county assessed value, less encumbrance of record, in excess of three thousand dollars (\$3,000).
- I have cash or securities in the amount of \$ 385.00
- Since my last application for Aid to the Blind:
 (A) I have acquired real property consisting of none
 (B) I have disposed of real property consisting of none
 (C) I have acquired personal property consisting of none
 (D) I have disposed of personal property consisting of none

5. I have income, not including Aid to the Blind, as follows:

SOURCE OF INCOME	AMOUNT OF CASH	OTHER THAN CASH SPECIFY SUCH AS FREE RENT, FOOD, ETC.
Earnings	\$ <u>none</u>	
Rentals of Real Property	<u>none</u>	
Personal Property (Interest, dividends, etc.)	<u>none</u>	
Allotments from Service Men	<u>none</u>	
Insurance or Annuities	<u>none</u>	
Social Security Benefits	<u>none</u>	
Pensions (Military, civil or industrial)	<u>none</u>	
Responsible Relatives (Spouse, parents, adult children)	<u>none</u>	<u>Free rent and utilities</u>
Other: (specify)	<u>none</u>	

6. I live in a home which I own in whole or in part no
Yes or No7. I have received during the past year, other than Aid to the Blind, income from the following sources:
mother and father - free rent and utilities8. I have a plan for achieving self-support no Type of plan _____
Yes or No9. I am willing to use income and resources which I am permitted to retain for the purpose of achieving self-support.
 10. I do not solicit alms.11. I have been an inmate of a hospital or institution since my last application for Aid to the Blind no
Yes or No
 If so, give name of hospital or institution _____

I solemnly swear or affirm that the statements above set forth which have been read to me are true and correct to the best of my knowledge and belief, and that I will notify the county authorities promptly of any change in my income, property holdings, financial condition, marital status, address, or plan for self-support.

NOTE.—When recipient cannot sign his name, the signature of two witnesses to his mark must appear.

William Smith
 SIGNATURE OR MARK OF RECIPIENT

WITNESS TO MARK

Note: Optional with county whether or not signature is attested. WITNESS TO MARK
 Subscribed and sworn to before me this 6th day of September 19 44

Name Mary Martin Title Deputy County Clerk
signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

[OVER]

(Section continued on next page)

353-99 (Continued)

353-99

FORM AG 206 (Reverse)

County Report of Eligibility Investigation

1. Real Property: Verified information and source thereof.

No change in holdings reported by recipient. Report of two-year search for period prior to application on file. Assessed value of real property \$1000, 1943 tax bill.

2. Personal Property: Verified information and source thereof.

Only personal property is 1936 Ford possessed when aid began and Bank of America account. Balance on 8/28/44 was \$85. Bank report on file.

3. Income: Verified information and source thereof.

SOURCE	AMOUNT	SOURCE	AMOUNT
son John	\$ 15.00		\$
home owned	4.00		

4. Responsible Relatives: Has each been requested to sign Form Ag 225 revised? yes

Which relatives are considered to have a degree of liability under the Relatives' Contribution Scale?

son, John

5. Date of last home visit to recipient August 24, 1944. If visit was not made, indicate the substitute contact

6. Present living arrangement: (Check one)

Alone ☐ With relatives ☒ Boarding home ☐

Private institution ☐ Other ☐

Give Name

7. Amount of Old Age Security to which recipient is eligible? \$31

8.

James Martin
Signature of County Investigator

9/1/44
Date

(Section continued on next page)

353-99 (Continued)

353-99

FORM CA 206

FORM CA 206 (revised)—April, 1942

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Applicant's Affirmation of
Eligibility for Aid to Needy ChildrenSTATE NO. Sac 000COUNTY NO. 0000

Applicant's Affirmation of Eligibility for Aid to Needy Children

I, Jane Jackson mother
Name of Applicant (PRINT OR TYPE NAME IN FULL) Relationship to Children
 residing at 616 Kay Street Sacramento
Address City
 that the following children, who are under 18 years of age, are eligible for Aid to Needy Children, under the provisions of Division II, Part 2, Chapter 1, of the Welfare and Institutions Code: hereby affirm my belief

1. Surname		Surname	
<u>Jackson</u>		<u>Smith</u>	
<small>GIVEN NAME</small>	<small>ADDRESS STREET AND CITY</small>	<small>GIVEN NAME</small>	<small>ADDRESS STREET AND CITY</small>
<u>Jane</u>	<u>616 K Street, Sacramento</u>	<u>Sammy</u>	<u>616 K Street, Sacramento</u>
<u>Doria</u>	<u>" " " "</u>		

2. Each child qualifies for aid under one of the following classifications:

- | | | |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|
| A. Orphan | D. Child of a parent under commitment to a State or Federal prison or hospital | G. Abandoned by both parents |
| B. Half-orphan | E. Child of incapacitated father | H. Illegitimate |
| C. Child whose father's whereabouts has been unknown for three years | F. Child of tuberculous father | I. Foundling |

3. Each child is in need for the following reasons:

- A. Child(ren) and/or parents do not own real property with an assessed valuation in excess of \$3,000.
 B. Child(ren) and/or parents do not have cash and/or securities in excess of \$500.
 C. No transfer or assignment of property owned by parents and/or child(ren) was made in order to qualify for Aid to Needy Children.
 D. Each whole orphan does not own cash and/or securities in excess of \$250.
 E. Child does not receive adequate support from parents or other source.
 F. Child does not receive \$25 or more for his specific support from funds other than Aid to Needy Children.

4. Real and personal property transactions:

- A. Child(ren) and/or parents have acquired real property consisting of none since the last application for Aid to Needy Children.
 B. Child(ren) and/or parents have disposed of real property consisting of none since the last application for Aid to Needy Children.
 C. Child(ren) and/or parents have acquired personal property in the form of cash and/or securities consisting of none since the last application for Aid to Needy Children.
 D. Child(ren) and/or parents have disposed of personal property in the form of cash and/or securities consisting of none since the last application for Aid to Needy Children.

STATE OF CALIFORNIA

COUNTY OF Sacramento ss.

I solemnly swear or affirm that the statements as made herein are true and correct to the best of my knowledge and belief and that I will notify the county authorities of any real or personal property transactions, change in financial conditions, marriage of any of the above children, or remarriage of either parent of these children, and of any change in address.

NOTE.—When applicant can not sign his name, the signature of two witnesses to his mark must appear.

Jane Jackson
 SIGNATURE OR MARK OF APPLICANT

WITNESS TO MARK

NOTE: Optional with county whether or not signature is attested.

Subscribed and sworn to before me this 14th day of December, 1942Name Hugh Hobart Title Deputy County Clerk

Signature of person authorized to acknowledge an affidavit

WITNESS TO MARK

(Section continued on next page)

353-99 (Continued)

353-99

FORM BL 206 (Reverse)

County Report of Eligibility Reinvestigation

1. Blindness. Date of latest physician's report of eye examination September 12, 1944
2. Real Property. Verified information and source thereof.
No change. Recipient continues to live with his parents
3. Personal Property. Verified information and source thereof.
No change in personal property. \$500 insurance policy seen 10/11/44
4. Income. Verified information and source thereof.
- | SOURCE | AMOUNT | HOW VERIFIED |
|------------------------------------------|----------------|----------------------------------------|
| <u>Parents give free rent and</u> | <u>\$ 8.00</u> | <u>Estimated amount.</u> |
| <u>utilities</u> | | |
| <u>Insurance premium paid by parents</u> | <u>1.50</u> | <u>Insurance policy #36784 seen</u> |
| | | <u>10/11/44. In appl's. possession</u> |
5. Need in Excess of \$50.00 Per Month. (ANB only)
- | NATURE | HOW VERIFIED | AMOUNT | HOW VERIFIED |
|-------------|--------------|-----------|--------------|
| <u>none</u> | | <u>\$</u> | |
6. Plan for Self-Support. Verified information and source thereof.
none
- Is eligibility for Aid to Partially Self-Supporting Blind Residents indicated? no
Yes or No
7. Responsible Relatives. Has each been interviewed or requested to sign Form BL 225, Statement of Responsible Relative? yes
Yes or No
- Of those interviewed or who filed Form BL 225, Statement of Responsible Relative, which relatives appear to have ability to assist?
Parents assisting to best of their ability.
8. Date of last home visit to recipient 10/11/44 If visit was not made, indicate the substitute contact
9. Present living arrangement (check one): Alone ☐ With Relatives ☒ Boarding home ☐
Private institution ☐ GIVE NAME Other ☐ (SPECIFY)
10. Recipient is eligible to ☒ Aid to Needy Blind in the amount of \$ 40.50
☐ Aid to Partially Self-Supporting Blind Residents

SIGNATURE OF COUNTY WORKER

October 27, 1944

DATE

(Section continued on next page)

353-99 (Continued)

353-99

County Report of Eligibility Reinvestigation

FORM CA 206 (Reverse)

1A. Classification:						1B. Evidence Verifying Classification:					
2. Whereabouts of parents { Mother <u>in home (616 K Street)</u> Father <u>deceased</u>						Cert. cpy d/ctf 6/13/39					
3. Given Names of Children		4. Living Plan		5. PAYEE A. Relationship B. Name if Other Than Applicant		6A. Regular School Attendance (16-18 years)		6B. Evidence verifying school attendance:			
Sammy		O.H.		mother -		yes		Form CA 213 - 9/19/42			
1A. Classification:						1B. Evidence Verifying Classification:					
2. Whereabouts of parents { Mother <u>in home (616 K Street)</u> Father <u>Alcatraz Prison</u>						<u>letter from Alcatraz, 11/26/42, man's status remains same</u>					
3. Given Names of Children		4. Living Plan		5. PAYEE A. Relationship B. Name if Other Than Applicant		6A. Regular School Attendance (16-18 years)		6B. Evidence verifying school attendance:			
June		O. H.		mother -		-		-			
Doris		O. H.		mother -		-		-			
7A. Property owned by parents and/or children: (1) Real property, assessed value . . . \$ <u>300</u> (2) Cash and/or securities, value . . . \$ <u>none</u> (3) Transfer or assignment made to qualify for aid Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						7B. Evidence verifying property: (1) <u>Prop. search (1940-42) 11/3/42</u> (2) <u>Investigation reveals none</u> (3) " " "					
8A. Is any child for whom aid is requested receiving \$25 or more for his specific support from funds other than ANC? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Name of child(ren):						8B. Verification and explanation of specific support: - -					
9A. Contribution from parent(s) not living with child(ren): (1) Able to contribute . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (2) Actual contribution . . . \$						9B. Evidence verifying ability to support and contribution from parent(s): <u>See Items 1B</u>					
10A. Assistance plan—Budgetary basis for determining need: (1) Total budget for family unit . . . \$ <u>108.49</u> (2) Total income to family unit . . . \$ (3) Deficiency . . . \$ <u>108.49</u> (4) ANC grant . . . \$ <u>108.50</u>						10B. Verification and explanation of assistance plan: <u>Gen M48 11-30-42</u> " " " " " "					
11A. Assistance plan—Board and care basis for determining need: (1) Charge for care for _____ child(ren) . . . \$ (2) Total contribution from parent(s) . . . \$ (3) Other income to child(ren) . . . \$ (4) Deficiency . . . \$ (5) ANC grant . . . \$						11B. Verification and Explanation of assistance plan:					
12. Date of last home visit: <u>11-20-42</u>											
13. Amount of Aid to Needy Children for which child(ren) is eligible: \$ <u>108.50</u>											

14.

Teriam Myers
Signature of County Worker

12/14/42
Date

(Section continued on next page)

353-99 (Continued)

353-99

FORM BL 208

FORM BL 208 (revised) July, 1943
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

Submit ONE COPY to
State Department of Social Welfare
616 K Street, Sacramento, California
One copy to remain in County
Welfare Office

List Certificate of Reinvestigation of Eligibility For Aid to the Blind

From Sacramento County

To: DEPARTMENT OF SOCIAL WELFARE
616 K Street
Sacramento, California

I HEREBY CERTIFY That the eligibility of the following named recipients has been verified by investigation. Form BI 206, Recipient's Affirmation of Eligibility for Aid to the Blind, and supporting evidence is on file in the county office, and is open to inspection by duly authorized State and Federal representatives.

To the best of my knowledge and belief the following are eligible for *Aid to Needy Blind or *Aid to Partially Self-Supporting Blind Residents under the existing law. (Indicate by asterisk * those eligible to Aid to Partially Self-Supporting Blind Residents.)

Alice Jackson
SIGNATURE OF CASE SUPERVISOR OR DIRECTOR

[illegible]

NOTE.—List cases in numerical order according to State Case Number. If more space necessary use blank sheets for additional names.

* If, at time of reinvestigation, a transfer is made from Aid to Needy Blind to Aid to Partially Self-Supporting Blind Residents, or vice versa, or an adjustment in the amount of the grant is necessary as a result of reinvestigation, a Notice of Change, FORM BL 232, showing action by the Board of Supervisors must be submitted to the State Department of Social Welfare in the usual manner.

(Section continued on next page)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
February 20, 1945

SOCIAL WELFARE BOARD
BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES
MRS. MARY E. BARKWILL
ROUTE 1, BOX 55
LINDSAY
JOHN C. CUNEO
922 J STREET
MODESTO
WILFORD H. HOWARD
1815 REDWOOD HIGHWAY SOUTH
SANTA ROSA
GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER
JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO
MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

Attached are three copies of regulations,
currently effective, made by the State Department of
Social Welfare.

These regulations are filed in accordance
with Article 21 of Chapter 3 of Title 1 of Part 3 of
the Political Code as amended by Chapter 628,
Statutes of 1941.

Very sincerely yours,


CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Encl.
b5

1945 FEB 21 PM 2 56

MAIN OFFICE
SACRAMENTO
616 K STREET

EARL WARREN
GOVERNOR

STATE OF CALIFORNIA

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET

CHARLES M. WOLLENBERG
DIRECTOR

FILED
In the office of the Secretary of State
of the State of California

FEB 21 1945

FRANK M. JORDAN, Secretary of State

By *Chas. J. Gray* Deputy

Sacramento
February 20, 1945

WAR SERVICES HANDBOOK LETTER NO. 9

- SUBJECT: (1) REVISIONS IN WAR SERVICES ASSISTANCE AFFIDAVIT
(FORM WS-1 EA (DFA) AND FORM WS-1 CW (DFA)) SEC. WS 31-05
(2) REVISIONS IN WAR SERVICES ASSISTANCE CLAIMS
(FORM WS-2 EA (DFA) AND FORM WS-2 CW (DFA)) SEC. WS 31-10
(3) REVISIONS IN WAR SERVICES ADMINISTRATIVE EXPENSE
AFFIDAVIT FORM WS-3 (DFA)

The attached revisions 2, 3, and 4 to Chapter III, Financial Policies and Procedures are to be entered in your copy of the War Services Handbook and the revision numbers cancelled on the separator for the chapter.

The revised sections refer to the monthly claims which are to be prepared for assistance rendered under the two separate and distinct programs, namely (1) Enemy Alien Assistance (Form WS-1 EA (DFA) and Form WS-2 EA (DFA)) and (2) Civilian War Assistance (Form WS-1 CW (DFA) and Form WS-2 CW (DFA)). Note that these four forms replace the now obsolete Form WS-1 and WS-2 and the copies attached to this manual letter are to be inserted following Sec. 31-40 of the Financial Policies and Procedures chapter. The revised Form WS-3 is to be inserted in place of the obsolete Form WS-3.

You will find that a change has been made in the listing of items as shown on the War Services claims for both programs.

In addition, expenditures for Enemy Alien Assistance are to be reported by object classification and segregated by type of case as defined below. (Space has been provided on Form WS-1 EA (DFA) and Form WS-2 EA (DFA) for this information):

1. Cases in which the restrictive action consisted of removal of a person or family to a war relocation center are to be regarded as War Relocation Authority cases.

2. Cases in which the restrictive action consisted of detention or internment of an enemy alien in custody of the Immigration and Naturalization Service of the Federal Department of Justice are to be regarded as Immigration and Naturalization Service cases.

3. Cases in which the restrictive action was other than detention, internment or removal to a war relocation center are to be classified as "other."

These new forms and instructions are to be used on all war assistance claims filed in the future. Supplies of these forms are available free of charge upon request to the State Department of Social Welfare.

WAR SERVICES

FINANCIAL POLICIES AND PROCEDURES

31-00

Sec. WS 31-00 Forms Employed
WSE WSC

Separate claims are to be filed for each program and under each program separate claims are to be filed for assistance and administration.

All claims for assistance shall be presented on SDSW War Services Assistance Affidavit (Form WS-1(DFA)), and War Services Assistance Claim (Form WS-2(DFA)).

All claims for administrative costs shall be presented on SDSW War Services Administrative Expense Affidavit (Form WS-3(DFA)), which expenditures shall be included on Administrative Expense Worksheet for Allocation of Expenditures for Salaries and Wages (Form DFA 64), and Administrative Expense Worksheet for Allocation of Expenditures for Maintenance and Operation and Capital Outlay (Form DFA 64a).

Sec. WS 31-05 War Services Assistance Affidavit (Form WS-1 EA(DFA) and
WSE WSC Form WS-1 CW(DFA))

Separate War Services Assistance Affidavits, (Form WS-1 EA(DFA) and Form WS-1 CW(DFA)), respectively, are to be prepared for assistance rendered under the two separate and distinct programs, namely, (1) Enemy Alien Program and (2) Civilian War Assistance.

Under Item 1 show the total assistance paid, total of Column 5, War Services Assistance Claims (Form WS-2 EA(DFA) and Form WS-2 CW(DFA)).

In item 1a, "Maintenance," include amounts for providing maintenance; i.e., food, clothing, shelter, fuel, utilities and other maintenance requirements to persons eligible for assistance under the W. S. Programs. This item may also include maintenance requirements that are not usually recurrent and for which special provision is frequently made such as medical services, travel and transportation, and burial, when such requirements are provided for in undifferentiated money payments to recipients and hence cannot readily be identified and classified separately. Items included in 1a will be carried forward from column 6 Form WS-2 EA(DFA) and Form WS-2 CW(DFA).

In Item 1b, "Medical Services," include amounts for providing medical services; i.e., care by physicians in home or office, clinic care, hospitalization, dental care, nursing service, medical appliances, supplies and drugs, and laboratory and diagnostic tests to persons eligible for assistance under the W. S. programs. It is not intended that this amount should include allowances for medical services included in undifferentiated money payments to recipients; because of the difficulty of separating such allowances, they should be reported as Maintenance in Item 1a. Separate money payments to recipients intended for medical services alone are presumably readily identifiable and should be reported in Item 1b along with payments made directly to persons and agencies furnishing medical services to recipients. Items included in 1b will be carried forward from column 7, Form WS-2 EA(DFA) and Form WS-2 CW(DFA).

WAR SERVICES

FINANCIAL POLICIES AND PROCEDURES

31-05

In Item 1c, "Transportation," include amounts providing for travel of persons and transportation or storage of effects of persons eligible for assistance under the War Services programs. This item should not include small allowances for car or bus fares for transportation to schools, clinics, etc. Such allowances should be reported as Maintenance in Item 1a. Items included in 1c will be carried forward from column 8, Form WS-2 EA(DFA) and Form WS-2 CW(DFA).

In Item 1d, "Other," include amounts not applicable under Items 1a, 1b, or 1c, e.g., costs of burial of persons deceased as a result of enemy action. Other identifiable items should be listed in the spaces provided. Items included in 1d will be carried forward from column 9, Form WS-2 EA(DFA) and Form WS-2 CW(DFA).

In Item 2, "Amount of Refunds," include all refunds of assistance paid under the W. S. Programs.

In Item 3, "Amount of Cancellations," include all cancellations of assistance paid under the W. S. programs.

In Item 4, report the totals of Items 2 and 3.

In Item 5, "Total Net Assistance Expenditures During the Month," report the net amount of assistance claimed for reimbursement from the SDSW (Item 1 minus Item 4).

In Item 6 report obligations that have been incurred but not yet paid. This item is for reporting purposes only.

Expenditures for Enemy Alien Assistance, are to be reported by object classification and segregated by type of case as defined below (Space has been provided on Form WS-1 EA(DFA) for this information):

1. Cases in which the restrictive action consisted of removal of a person or family to a war relocation center are to be regarded as War Relocation Authority cases.
2. Cases in which the restrictive action consisted of detention or internment of an enemy alien in custody of the Immigration and Naturalization Service of the Federal Department of Justice are to be regarded as Immigration and Naturalization Service cases.
3. Cases in which the restrictive action was other than detention, internment or removal to a war relocation center are to be classified as "other".

Two copies of Form WS-1 EA(DFA) and Form WS-1 CW(DFA) must be submitted monthly to the SDSW.

WAR SERVICES

FINANCIAL POLICIES AND PROCEDURES

31-10

Sec. WS 31-10 War Services Assistance Claim (Form WS-2 EA(DFA) and Form WS-2 CW(DFA))
WSE WSO

Separate War Services Assistance Claims, (Form WS-2 EA(DFA) and Form WS-2 CW(DFA)), respectively, are to be prepared for assistance rendered under the two separate and distinct programs, namely, (1) Enemy Alien Program and (2) Civilian War Assistance. Classification of expenditures should be listed separately as to maintenance, medical services, transportation and other. Under Columns 1 and 2, the warrant number and date should be shown; under Column 3, the case number or any other ready identification by which such case may be referred and also the name of the grantee should be shown; under Column 4, list the name of the payee if other than the grantee as listed in Column 3. Under Column 5 list the amount of the warrant. Under Columns 6, 7, 8, and 9 list the distribution of warrant amount as maintenance, medical services, transportation, and other. In addition, Enemy Alien Assistance expenditures are to be reported by object classification and segregated by type of case on Form WS-2 EA(DFA). Two copies of this form must be submitted monthly attached to War Services Assistance Affidavit (Form WS-1 EA(DFA) and Form WS-1 CW(DFA)).

WAR SERVICES ASSISTANCE AFFIDAVIT - CIVILIAN WAR

FROM _____ COUNTY

FOR THE MONTH ENDING _____, 19____ FISCAL YEAR
(DO NOT WRITE IN THIS SPACE)

AMOUNT DUE FOR ASSISTANCE PAID

1. TOTAL AMOUNT OF ASSISTANCE PAID DURING THE MONTH..... \$ _____
(SAME AS TOTALS OF ITEMS A, B, C, AND D OR TOTAL OF COLUMN 5, FORM WS-2 CW (DFA))
- A. MAINTENANCE (SAME AS TOTAL OF COL. 6, FORM WS-2 CW (DFA))..... \$ _____
- B. MEDICAL SERVICES (SAME AS TOTAL OF COL. 7, FORM WS-2 CW (DFA))..... \$ _____
- C. TRANSPORTATION (SAME AS TOTAL OF COL. 8, FORM WS-2 CW (DFA))..... \$ _____
- D. OTHER (SPECIFY) (SAME AS TOTAL OF COL. 9, FORM WS-2 CW (DFA))..... \$ _____
(BURIAL) _____

2. AMOUNT OF REFUNDS..... \$ _____
3. AMOUNT OF CANCELLATIONS..... \$ _____
4. TOTALS OF ITEMS 2 AND 3..... \$ _____
5. TOTAL NET ASSISTANCE EXPENDITURES DURING THE MONTH (ITEM 1 MINUS ITEM 4)..... \$ _____

AMOUNT FOR REPORTING PURPOSES ONLY

6. TOTAL OBLIGATIONS INCURRED BUT NOT YET PAID (REIMBURSEMENT WILL NOT BE MADE BY THE STATE DEPARTMENT OF SOCIAL WELFARE UNTIL OBLIGATIONS HAVE BEEN PAID)..... \$ _____

STATE OF CALIFORNIA

COUNTY OF _____ } SS

I, _____, BEING DULY SWORN, DEPOSE AND SAY: THE ABOVE EXPENDITURES WERE MADE AND/OR FUNDS WERE ENCUMBERED UNDER AUTHORITY OF AND FOR THE PURPOSES SET FORTH IN PRESIDENTIAL ALLOTMENTS 42-74 AND 42-105, DATED FEBRUARY 6, 1942, AND MARCH 23, 1942, RESPECTIVELY, AND IN ACCORDANCE WITH ANY LEGISLATION OR FURTHER ALLOTMENTS, INSTRUCTIONS AND STANDARDS ISSUED THEREUNDER. THIS IS TO CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF THE EXPENDITURES AND/OR ENCUMBRANCES AND THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

OF _____

TITLE _____

TITLE _____

I HEREBY CERTIFY, THAT WARRANTS COVERING THE ABOVE, HAVE BEEN ISSUED AND/OR FUNDS ENCUMBERED AND THAT RECORDS SHOWING SUCH DISBURSEMENTS AND/OR ENCUMBRANCES ARE AVAILABLE FOR AUDIT OR OTHER INSPECTION AND APPROPRIATE ACCOUNTING IS MADE OF ALL RECEIPTS AND DISBURSEMENTS REGARDING THIS PROGRAM.

SIGNATURE OF COUNTY AUDITOR

FOR STATE USE ONLY

THE ABOVE CLAIM HAS BEEN VERIFIED AGAINST ACCOMPANYING DOCUMENTARY EVIDENCE AND, SUBJECT TO FIELD AUDIT, IS APPROVED FOR PAYMENT.

SUPERVISOR, BUREAU OF AUDITS DATE _____

I HEREBY CERTIFY THAT THERE ARE SUFFICIENT FEDERAL FUNDS AVAILABLE IN THE SOCIAL WELFARE FUND: RESERVE FOR CIVILIAN WAR ASSISTANCE, TO FINANCE PAYMENT OF THE AMOUNT OF \$ _____ AS SHOWN IN ITEM 5.

DEPARTMENTAL ACCOUNTING OFFICER DATE _____

WAR SERVICES ASSISTANCE AFFIDAVIT - ENEMY ALIEN

FROM _____ COUNTY _____
 FOR THE MONTH ENDING _____, 19____ FISCAL YEAR _____
 (DO NOT WRITE IN THIS SPACE)

AMOUNT DUE FOR ASSISTANCE PAID

1. TOTAL AMOUNT OF ASSISTANCE PAID DURING THE MONTH..... \$ _____
 (SAME AS TOTALS OF ITEMS A, B, C, AND D OR TOTAL OF COLUMN 5, FORM WS-2 EA (DFA))

	WAR RELOCATION AUTHORITY	IMMIGRATION AND NATURALIZATION SERVICE	OTHER	TOTAL
A. MAINTENANCE (SAME AS TOTAL OF COL. 6, FORM WS-2 EA (DFA))	\$ _____	\$ _____	\$ _____	\$ _____
B. MEDICAL SERVICES (SAME AS TOTAL OF COL. 7, FORM WS-2 EA (DFA))	_____	_____	_____	_____
C. TRANSPORTATION (SAME AS TOTAL OF COL. 8, FORM WS-2 EA (DFA))	_____	_____	_____	_____
D. OTHER (SPECIFY) (SAME AS TOTAL OF COL. 9, FORM WS-2 EA (DFA))	_____	_____	_____	_____
(BURIAL)	_____	_____	_____	_____
2. AMOUNT OF REFUNDS.....	_____	_____	_____	_____
3. AMOUNT OF CANCELLATIONS.....	_____	_____	_____	_____
4. TOTAL OF ITEMS 2 AND 3.....	_____	_____	_____	\$ _____
5. TOTAL NET ASSISTANCE EXPENDITURES DURING THE MONTH (ITEM 1 MINUS ITEM 4).....	_____	_____	_____	\$ _____

AMOUNT FOR REPORTING PURPOSES ONLY

6. TOTAL OBLIGATIONS INCURRED BUT NOT YET PAID (REIMBURSEMENT WILL NOT BE MADE BY THE STATE DEPARTMENT OF SOCIAL WELFARE UNTIL OBLIGATIONS HAVE BEEN PAID)..... \$ _____

STATE OF CALIFORNIA

COUNTY OF _____ } SS

I, _____, BEING DULY SWORN, DEPOSE AND SAY: THE ABOVE EXPENDITURES WERE MADE AND/OR FUNDS WERE ENCUMBERED UNDER AUTHORITY OF AND FOR THE PURPOSES SET FORTH IN THE "LABOR-FEDERAL SECURITY APPROPRIATION ACT, 1945" AND IN ACCORDANCE WITH ANY LEGISLATION OR FURTHER ALLOTMENTS, INSTRUCTIONS AND STANDARDS ISSUED THEREUNDER. (THIS IS TO CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF THE EXPENDITURES AND/OR ENCUMBRANCES AND THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED.)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

OF _____

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

TITLE _____

TITLE _____

I HEREBY CERTIFY, THAT WARRANTS COVERING THE ABOVE, HAVE BEEN ISSUED AND/OR FUNDS ENCUMBERED AND THAT RECORDS SHOWING SUCH DISBURSEMENTS AND/OR ENCUMBRANCES ARE AVAILABLE FOR AUDIT OR OTHER INSPECTION AND APPROPRIATE ACCOUNTING IS MADE OF ALL RECEIPTS AND DISBURSEMENTS REGARDING THIS PROGRAM.

SIGNATURE OF COUNTY AUDITOR

FOR STATE USE ONLY

THE ABOVE CLAIM HAS BEEN VERIFIED AGAINST ACCOMPANYING DOCUMENTARY EVIDENCE AND, SUBJECT TO FIELD AUDIT, IS APPROVED FOR PAYMENT.

 SUPERVISOR, BUREAU OF AUDITS

I HEREBY CERTIFY THAT THERE ARE SUFFICIENT FEDERAL FUNDS AVAILABLE IN THE SOCIAL WELFARE FUND: RESERVE FOR ENEMY ALIEN ASSISTANCE, TO FINANCE PAYMENT OF THE AMOUNT OF \$ _____ AS SHOWN IN ITEM 5.

 DEPARTMENTAL ACCOUNTING OFFICER

FORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
SACRAMENTO, CALIFORNIA

[illegible]

INSTRUCTIONS FOR FILLING OUT FORM WS-2 EA (DFA)

"WAR SERVICES ASSISTANCE CLAIM - ENEMY ALIEN"

AT THE TOP OF THE FORM INSERT THE COUNTY NAME AND MONTH COVERED IN THE SPACES PROVIDED.

COLUMNS 1 AND 2

REPORT HERE THE NUMBER AND DATE OF THE WARRANT.

COLUMN 3

REPORT HERE THE NUMBER AND NAME OF THE GRANTEE.

COLUMN 4

REPORT HERE THE NAME OF THE PAYEE IF OTHER THAN THE GRANTEE AS LISTED IN COLUMN 3.

COLUMN 5

REPORT HERE THE AMOUNT OF THE WARRANT.

COLUMNS 6, 7, 8, AND 9

REPORT HERE THE DISTRIBUTION OF THE AMOUNT OF THE WARRANT AS TO MAINTENANCE, MEDICAL SERVICES, TRANSPORTATION, AND OTHER. (REFER TO SECTION WS 31-05 FOR EXPLANATION OF BREAKDOWN.)

- A. REPORT WAR RELOCATION AUTHORITY CASES UNDER COLUMN A.
- B. REPORT IMMIGRATION AND NATURALIZATION SERVICE CASES UNDER COLUMN B.
- C. REPORT CASES OTHER THAN DETENTION, INTERNMENT OR REMOVAL TO A WAR RELOCATION CENTER AS "OTHER" UNDER COLUMN C.

TOTALS FOR COLUMNS 5, 6, 7, 8, AND 9 SHOULD BE SHOWN.

TWO COPIES OF THIS FORM MUST BE SUBMITTED MONTHLY ATTACHED TO FORM WS-1 EA (DFA).

STATE OF CALIFORNIA

COUNTY _____

WAR SERVICES ADMINISTRATIVE EXPENSE AFFIDAVIT

PROGRAM _____

(INCLUDE ADMINISTRATIVE EXPENDITURES FOR ONE PROGRAM ONLY)

FOR THE MONTH ENDING _____, 19____ FISCAL YEAR
(DO NOT WRITE IN THIS SPACE)

AMOUNT DUE FROM FEDERAL FUNDS FOR WAR SERVICES ADMINISTRATION ON THE ABOVE PROGRAM

1. SALARIES AND WAGES \$ _____
2. MAINTENANCE AND OPERATION. \$ _____
3. CAPITAL OUTLAY \$ _____
4. TOTAL ADMINISTRATIVE EXPENDITURES DURING MONTH \$ _____

STATE OF CALIFORNIA

COUNTY _____ } ss

_____, BEING DULY SWORN, DEPOSES AND SAYS: THE ABOVE EXPENDITURES WERE MADE AND/OR FUNDS WERE ENCUMBERED UNDER AUTHORITY OF AND FOR THE PURPOSES SET FORTH IN PRESIDENTIAL ALLOTMENTS 42-74 AND 42-105, DATED FEBRUARY 6, 1942, AND MARCH 23, 1942, RESPECTIVELY, AND IN ACCORDANCE WITH ANY LEGISLATION OR FURTHER ALLOTMENTS, INSTRUCTIONS AND STANDARDS ISSUED THEREUNDER. THIS IS TO CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF THE EXPENDITURES AND/OR ENCUMBRANCES AND THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

OF _____, 19____

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

TITLE _____

TITLE _____

I HEREBY CERTIFY, THAT WARRANTS COVERING THE ABOVE HAVE BEEN ISSUED AND/OR FUNDS ENCUMBERED, AND THAT RECORDS SHOWING SUCH DISBURSEMENTS AND/OR ENCUMBRANCES ARE AVAILABLE FOR AUDIT OR OTHER INSPECTION AND APPROPRIATE ACCOUNTING IS MADE OF ALL RECEIPTS AND DISBURSEMENTS REGARDING THIS PROGRAM.

SIGNATURE OF COUNTY AUDITOR

FOR STATE USE ONLY

THE ABOVE CLAIM HAS BEEN VERIFIED AGAINST ACCOMPANYING DOCUMENTARY EVIDENCE AND, SUBJECT TO FIELD AUDIT, IS APPROVED FOR PAYMENT.

SUPERVISOR, BUREAU OF AUDITS

DATE _____

I HEREBY CERTIFY THAT THERE ARE SUFFICIENT FEDERAL FUNDS AVAILABLE IN THE SOCIAL WELFARE FUND: RESERVE FOR TO FINANCE PAYMENT OF THE AMOUNT OF \$ _____ AS SHOWN IN ITEM 4.

DEPARTMENTAL ACCOUNTING OFFICER

DATE _____

(SEE REVERSE SIDE FOR INSTRUCTIONS)

INSTRUCTIONS FOR FILLING OUT FORM WS-3 (DFA)

"WAR SERVICES ADMINISTRATIVE EXPENSE AFFIDAVIT"

AT THE TOP OF THE FORM INSERT THE PROPER PROGRAM (I.E., ENEMY ALIEN OR CIVILIAN WAR ASSISTANCE) FOR WHICH ADMINISTRATIVE EXPENDITURES ARE BEING CLAIMED. ALSO INSERT THE COUNTY NAME AND MONTH COVERED IN THE SPACES PROVIDED.

AMOUNT DUE FROM FEDERAL FUNDS FOR WAR SERVICES ADMINISTRATION

ITEM 1. SALARIES AND WAGES

REPORT HERE THE TOTAL AMOUNT OF ADMINISTRATIVE EXPENDITURES FOR WAR SERVICES PROGRAMS AS INCLUDED IN COLUMN 5 OR COLUMN 13 OF FORM DFA 64, "ADMINISTRATIVE EXPENSE WORKSHEET FOR ALLOCATION OF EXPENDITURES (FOR SALARIES AND WAGES ONLY)."

ITEM 2. MAINTENANCE AND OPERATION

REPORT HERE THE TOTAL AMOUNT OF ADMINISTRATIVE EXPENDITURES FOR WAR SERVICES PROGRAMS FOR MAINTENANCE AND OPERATION AS INCLUDED IN COLUMN 4 OR COLUMN 12 OF FORM DFA 64A, "ADMINISTRATIVE EXPENSE WORKSHEET FOR ALLOCATION OF EXPENDITURES (FOR MAINTENANCE AND OPERATION AND CAPITAL OUTLAY)."

ITEM 3. CAPITAL OUTLAY

REPORT HERE THE TOTAL AMOUNT OF ADMINISTRATIVE EXPENDITURES FOR WAR SERVICES PROGRAMS FOR CAPITAL OUTLAY AS INCLUDED IN COLUMN 4 OR COLUMN 12 OF FORM DFA 64A, "ADMINISTRATIVE EXPENSE WORKSHEET FOR ALLOCATION OF EXPENDITURES (FOR MAINTENANCE AND OPERATION AND CAPITAL OUTLAY)."

ITEM 4. TOTAL ADMINISTRATIVE EXPENDITURES DURING MONTH

REPORT HERE THE SUM OF ITEMS 1, 2, AND 3.

THE AFFIDAVIT SHALL BE DATED AND SIGNED BY THE PROPER COUNTY OFFICIALS IN THE SPACES PROVIDED.

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
February 26, 1945

SOCIAL WELFARE BOARD
BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. MARY E. BARKWILL
ROUTE 1, BOX 55
LINDSAY

JOHN C. CUNEO
922 J STREET
MODESTO

WILFORD H. HOWARD
1815 REDWOOD HIGHWAY SOUTH
SANTA ROSA

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

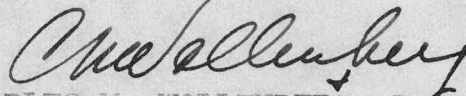
IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently
effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article
21 of Chapter 3 of Title 1 of Part 3 of the Political
Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Encl.
b5

1945 FEB 26 AM 10 47

MAIN OFFICE
616 K Street
Sacramento

LOS ANGELES OFFICE
Washington Building
311 South Spring Street

SAN FRANCISCO OFFICE
David Hewes Building
995 Market Street

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
February 23, 1945

FILED
In the office of the Secretary of State
of the State of California

FEB 26 1945

FRANK M. JORDAN, Secretary of State

B. Chas. Gray, Deputy

1297

MANUAL LETTER NO. 72

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the six chapters as follows:

Institution Inmates	Revisions 31 and 32
Relatives	Revisions 27 and 28
Blindness	Revisions 2 thru 6
Investigation and Decision	Revisions 80 and 81
Continuing Services	Revisions 45 thru 49
Financial Procedures	Revisions 86 thru 88
Classification	Separator
Statistical Procedures	Separator

These revisions were approved by the Social Welfare Board on December 20, 1944.

A number of manual sections in the Blindness chapter have been revised and cross-references have been added. Sec. 180-15, Determination of Degree of Blindness, points out that necessary transportation costs to obtain the required eye examination are administrative expenses subject to Federal fiscal participation and reimbursement.

Sec. 180-50, Reexamination of Eyes to Determine Continued Eligibility, lists several conditions which necessitate a reexamination of the eyes even though the State Ophthalmologist may have previously advised on a basis of the facts known at that time that a reexamination was not necessary.

New Sec. 180-75, Approved List of Physicians Skilled in Diseases of the Eye, listing physicians approved for making eye examinations for Aid to the Blind has been added to the Blindness chapter.

Sec. 351-45, Reinvestigation for County Hospital Claims Under W&IC, Sec. 2160.7, redefines the reinvestigative requirements for county hospital claims under W&IC, Sec. 2160.7

Sec. 611-50, Beginning Date of Aid--New Applications, now established the beginning date for the 90-day investigative period when application is made for additional children in ANC, or when one or more of a family group included on the original application are withheld from board of supervisors' action until a later date.

Sec. 627-20, Apportionment of Grants on Pay Rolls or Claims, has been revised to include methods for claiming Federal reimbursement in ANC when the budgetary needs of the family budget unit under certain specified conditions are less than the maximum basis for Federal participation (\$18 for one child plus \$12 for each additional child). Case No. 14 mentioned in the example under this new policy paragraph will be added to the illustrated Form CA 801 in Sec. 629-99, County Aid Claim Forms, at a later date.

The issuance of this material renders obsolete the following bulletin material: Bull. 238; Item VIII on page 8 of Bull. 217.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

165-05 DEFINITION OF COUNTY HOSPITAL UNDER W&IC, SEC. 2160.7
OAS

165-05

A county hospital, as the term is used in Sec. 2160.7 of the W&IC, is an institution which is established and maintained by a county and is operated primarily for the purpose of rendering medical care to the inmates. A county hospital is considered an institution operated "primarily for the purpose of rendering medical care" when all of the following conditions are present:

1. Inmates are under regular supervision by a physician who is in the hospital every day, Sundays and holidays excepted, but not when a physician is in attendance only on certain days of the week or "on call" only;
2. A registered nurse is in charge at all times;
3. The hospital has adequate facilities for necessary laboratory work, or other adequate provision for necessary laboratory work in connection with individual cases is available;
4. Adequate records for individual patients are kept, including preliminary history, report of physical examination, reports of necessary laboratory tests, the diagnosis on admission, progress notes, treatments, medication, etc.

A county institution which provides only shelter and maintenance and is not equipped to render medical care, or wherein medical care is incidentally rendered to its inmates is not considered an institution operated primarily for the purpose of rendering medical care. (W&IC 2140, 2160.7; AGO NS3740)

165-00 PAYMENT TO COUNTY UNDER W. & I. C., SEC. 2160.7
OAS

165-00

A claim for payment to the county for medical care at county expense rendered to a former recipient of OAS may be made when all of the following conditions are met:

1. The individual entered the county hospital for medical care on September 13, 1941, or thereafter and was receiving OAS on the date of admission;
2. The individual has been confined in the county hospital for 60 days (the day on which the recipient enters the county hospital constitutes the first day of the 60-day period) and payment of aid has terminated (SEE SEC. 164-10, ELIGIBILITY DURING HOSPITALIZATION);
3. The county hospital is operated primarily for purpose of rendering medical care (SEE SEC. 165-05, DEFINITION OF COUNTY HOSPITAL);
4. The individual received medical care during each month for which a claim is made, and the certification of the hospital superintendent or attending physician that he received such care is on file in the county welfare case record (SEE SEC. 165-10, DEFINITION OF MEDICAL CARE);
5. The county case record shows that the recipient was eligible to receive OAS when he was admitted to the county hospital and that determination by the county gives evidence of continuing eligibility.

When the individual for whom a claim is made is receiving medical care in a county hospital other than in a hospital owned and operated by the county of residence, there shall be evidence to establish that the county of residence is paying the county rendering the service for such care. (W&IC 2140, 2160.7; AGO NS-3740) (SEE SECS. 165-05, DEFINITION OF COUNTY HOSPITAL UNDER W&IC, SEC. 2160.7, 165-10, DEFINITION OF MEDICAL CARE IN COUNTY HOSPITAL UNDER W&IC, SEC. 2160.7, 165-15, BASIS FOR STATE PAYMENT ON COUNTY HOSPITAL CLAIM UNDER W&IC, SEC. 2160.7, 351-45, REINVESTIGATION FOR COUNTY HOSPITAL CLAIMS UNDER W&IC 2160.7, 362-10, REPORTING PAYMENT TO COUNTY FOR HOSPITAL CARE ON NOTICE OF CHANGE UNDER W&IC 2160.7, 627-25, COUNTY HOSPITAL CLAIM UNDER W&IC, SEC. 2160.7.)

**165-15 BASIS FOR STATE PAYMENT--COUNTY HOSPITAL CLAIM UNDER
W. & I. C., SEC. 2160.7
OAS**

165-15

The State's payment for hospital care shall not exceed the amount of the State's participation in the amount of OAS to which the county hospital inmate would be eligible were he not a hospital inmate. (SEE SEC. 627-25, COUNTY HOSPITAL CLAIM UNDER W&IC, SEC. 2160.7) (W&IC 2160.7)

EXAMPLE A: UPON ADMITTANCE TO THE COUNTY HOSPITAL FOR MEDICAL CARE, THE RECIPIENT'S GRANT WAS \$26 A MONTH, AS HE WAS RECEIVING BOARD AND ROOM VALUED AT \$24 MONTHLY IN HIS DAUGHTER'S HOME. WERE HE NOT CONFINED IN THE HOSPITAL HE WOULD CONTINUE TO RECEIVE BOARD AND ROOM IN THE DAUGHTER'S HOME. THE CLAIM FOR STATE SUBVENTION SHALL BE MADE ON THE BASIS OF A \$26 MONTHLY OAS GRANT.

EXAMPLE B: UPON ADMITTANCE TO THE COUNTY HOSPITAL FOR MEDICAL CARE, THE RECIPIENT'S GRANT WAS \$48 AS \$4, THE VALUE OF OCCUPANCY OF HIS OWN HOME, WAS DEDUCTED FROM TOTAL NEED OF \$52. THE CLAIM FOR STATE SUBVENTION SHALL BE MADE ON THE BASIS OF A \$48 MONTHLY OAS GRANT.

There shall be no overlapping of payment to the county for hospital care and payment of OAS to the individual. If upon release from the county hospital the former recipient is eligible for restoration, aid should be restored for the balance of the month in which he is not in the hospital. (SEE SEC. 215-00, RESTORATION OF AID) When OAS is restored as of the date the former recipient leaves the county hospital, claim for the hospital subvention shall terminate as of the preceding day. (W&IC 2140, 2160E, 2160.6; AGO NS5350)

EXAMPLE C: FORMER OAS RECIPIENT LEAVES COUNTY HOSPITAL ON MARCH 15. OAS IS RESTORED AS OF MARCH 15. MARCH 14 IS THE LAST DAY FOR WHICH THE HOSPITAL SUBVENTION IS PAYABLE.

A former recipient for whose care the hospital subvention is paid may become ineligible to OAS, or die, before the end of a particular month. Claim for the hospital subvention in such case shall be based on the full month. (W&IC 2140, AGO NS5350) (SEE SEC. 165-00, PAYMENT TO COUNTY UNDER W&IC, SEC. 2160.7, 165-05, DEFINITION OF COUNTY HOSPITAL UNDER W&IC, SEC. 2160.7, 165-10, DEFINITION OF MEDICAL CARE IN COUNTY HOSPITAL UNDER W&IC, SEC. 2160.7, 351-45, REINVESTIGATION FOR COUNTY HOSPITAL CLAIMS UNDER W&IC 2160.7, 362-10, REPORTING PAYMENT TO COUNTY FOR HOSPITAL CARE ON NOTICE OF CHANGE UNDER W&IC 2160.7)

165-10 DEFINITION OF MEDICAL CARE IN COUNTY HOSPITAL
UNDER W&IC, SEC. 2160.7
OAS

165-10

An inmate of a county hospital is deemed to be in receipt of medical care when (a) he is given a physical examination upon entering, (b) a diagnosis is made, and (c) he is under the continuing daily supervision of a physician, or under the supervision of a registered nurse whose function it is to call a physician's attention to individual patients who appear to be in need of the physician's services. It is not necessary that the inmate receive actual treatment or medication by a physician. (W&IC 2140, 2160.7; AGO NS3740)

172-05 (Continued)

172-05

The degree of legal responsibility for which recovery action may be initiated for an adult child living in the home of the applicant or recipient shall be determined on the basis of the scale or the facts in each case, after giving due consideration to the needs of the adult child in the same manner as though he were not in the home. An adult child's maximum liability for two living parents is the same as for one parent. Payment of room and board by an adult child does not alter his degree of legal responsibility as this represents an item of expense which must be met regardless of where the child lives.

When the responsible relative is a married daughter and there is no agreement between the couple, whereby the wife is permitted to retain her earnings as her separate property, the earnings of the wife represent the income of the husband since they are under his management and control. Under these circumstances, the daughter's degree of liability is removed and she is considered as a dependent of her husband; thus when the responsible relative is a married daughter and the only income is community income of the couple, the daughter has no legal responsibility on which recovery action may be initiated. (AGO NS863)

Allowances for parents, brothers, sisters and grandchildren of servicemen are entirely voluntary and may be terminated at any time by the serviceman. (SEE SECS. 460-10, DEPENDENTS ELIGIBLE UNDER SERVICEMEN'S DEPENDENTS ALLOWANCE ACT, AND 460-50, TERMINATION OF FAMILY ALLOWANCES.) Applicants and recipients shall not be required to request such allotments as a condition to the granting of aid. (SDAA)

(Section Continued on Next Page)

172-05 (Continued)

172-05

When the determination of the pecuniary ability of relatives is made by considering all aspects of the relatives' financial circumstances, rather than by applying the Relatives' Contribution Scale, the following items shall be taken into consideration:

1. Family responsibilities, including adequate support and care of dependents.
2. Expenses connected with employment, such as transportation, or other expenses incident to the retention of such employment.
3. Necessary expense for operation of commercial or agricultural enterprise, including the cost livestock, taxes, interest and principal payments on encumbrances, necessary business and operating expenses which are past due and unpaid representing an obligation against the enterprise, depreciation, expenditures necessary to maintain the capital investment, etc.
4. Legal obligations and contracts already incurred; debts accumulated because of previous periods of unemployment of self or members of the family; medical or dental bills, with special regard for any additional health problems in the family, such as the illness of the husband, wife, or child, together with the need for assistance in the home because of illness.
5. All regular monthly expenditures (including any periodic insurance premium payments) necessary to maintain a healthful and decent standard of living in the community.
6. The particular needs of the spouse when a spouse has separate income, as distinguished from community income.

The following policies are applicable in so far as determination of pecuniary ability of responsible relatives is concerned regardless of the method used to determine such ability.

When a spouse has community income arising from earnings or from past services, (such as workmen's compensation, unemployment insurance or OASI, etc.), as distinguished from separate income, the spouse may retain sufficient of such community income for the support of himself or minor children. After the support of the spouse and minor children is met on an actual expenditure basis, the remainder of the income shall be considered income to the applicant or recipient unless it exceeds the amount retained by the spouse for his support and that of the minor children. In that event any excess shall be equally divided between the two spouses. (AGO NS5164)

(Section Continued on Next Page)

180-10 DEFINITION OF BLINDNESS
ANB, APSB

180-10

The definition of economic blindness as used to determine eligibility for ANB and APSB in California follows:

- A. Central visual acuity of 20/200 or less in the better eye, with the aid of the best possible correcting glass, shall be considered blindness.
- B. Central visual acuity better than 20/200 shall be considered as blindness only when the peripheral field has contracted to such an extent that the widest diameter of the remaining visual field is not greater than 20 degrees. Field examination is to be made with a standard perimeter having a radius of 13 inches; and using a white test object 6 mm. in diameter.
- C. In cases where central visual acuity is better than 20/200 and remaining peripheral fields exceed 20 degrees, but are so placed, or shaped, as to be of little practical use, the State Ophthalmologist shall use his discretion in recommending approval for aid if the report of pathology is of such character as to prevent applicant from providing himself with the necessities of life.

An individual with a central visual acuity of 20/200 can identify a standard object (the Snellen Test Character) at a distance of twenty feet, while an individual with normal vision can identify the same object at a distance of 200 feet. This statement relates to distance vision.

Central visual acuity is indicated by a fraction; the numerator indicates the distance of vision as measured by feet, and the denominator indicates the size of the letter which can be seen on the Snellen Testing chart. For example, 6/200 central visual acuity indicates the applicant can read a "200 foot" letter on the chart at a distance of six feet.

The applicant must have 20/200 or less, such as 3/200, 15/200, 10/300, or 15/400, to be eligible for aid on the basis of central visual acuity.

An individual with a central visual acuity of more than 20/200 may be considered blind if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees. The maximum diameter of the field is taken into consideration and not the radius. (W&IC 3005, 3050, 3075, 3403, 3460; FSSB)

FOREWORD

Blindness is a legal requirement in establishing eligibility for Aid to the Blind. Since blindness is an impairment of visual acuity, the existence of which can be determined only on the basis of an objective and functional examination of the eyes, the degree of blindness of each applicant for ANB and APSB shall be determined by an eye examination by a duly licensed and practicing physician, skilled in the diseases of the eye. Such an examination not only establishes whether an individual is blind, but also provides information as to medical and social requirements which should be considered in determining need. The eye examination should, therefore, precede the determination of need.

180-05 BLINDNESS, ANB AND APSB LAW
ANB, APSB

180-05

In ANB, a "needy blind person" means any person who by reason of loss or impairment of eyesight is unable to provide himself with the necessities of life and who has not sufficient income of his own to maintain himself. (SEE SEC. 180-10, DEFINITION OF BLINDNESS.) (W&IC 3005)

In APSB, a "blind person" means any person who by reason of loss or impairment of sight is unable to provide himself fully with the necessities of life and who has not income and resources through his own means, as defined under this law, sufficient to provide a reasonable and decent standard of living. (SEE SEC. 180-10.) (W&IC 3403)

The county board of supervisors shall not grant any certificate of qualifications for aid under the provisions of this chapter until it has been satisfied that the applicant is entitled to such aid by the evidence of a duly licensed and practicing physician skilled in the diseases of the eye that the applicant is blind. The physician shall describe the condition of the applicant's eyes and testify to the degree of his blindness. The evidence of each person shall be in writing, signed by him, and he shall be subject to cross-examination by the county board of supervisors or any other person appointed by the board of supervisors to conduct such investigation. (SEE SEC. 180-15, DETERMINATION OF DEGREE OF BLINDNESS.) (W&IC 3083, 3471)

The county board of supervisors shall investigate, annually or oftener, the qualifications of the blind person receiving aid under the provisions of this law. (SEE SEC. 180-50, REEXAMINATION OF EYES TO DETERMINE CONTINUED ELIGIBILITY.) (W&IC 3089, 3460)

180-20 (Continued)

Aid shall not be approved on the basis of reports by examiners stating in effect that there is not sufficient pathology to account for the degree of disability claimed, or where reliability of applicant's response is questioned by the examiner.

In the absence of a definite reported visual acuity in accordance with the definition of economic blindness, aid shall not be approved on the basis of photophobia, blepharospasm, ptosis, senility, mental aberrations, or neurological lesions without visible eye pathology, in the absence of a neurological report showing involvement of the visual tracts.

Aid shall not be granted when the loss of visual acuity is based on a diagnosis of hysterical blindness. (Hysterical blindness shows no pathology in the eye or visual tracts and is a mental condition rather than an ophthalmological problem.)

Aid shall not be granted when the eye examination report indicates that the applicant is so mentally incompetent that he cannot cooperate with the physician who makes the examination, or when sufficient eye pathology is not found to account for the loss of vision claimed. When the examining physician reports sufficient pathology to account for the blindness, an estimate of visual acuity by the examiner may be accepted, if the mental condition of the applicant or recipient prevents cooperation with the examining physician.

Aid shall not be granted on the basis of an eye examination report in which the examining physician states that he believes the patient is malingering. (W&IC 3075, 3460)

180-25 SUCCESSIVE EYE EXAMINATION REPORTS
ANB, APSB

180-25

An applicant or recipient who is dissatisfied with the report of the physician may submit a report of another examination made at his own expense by another physician on the approved list.

If such report indicates that the applicant does come within the definition of blindness on which blind aid is allowed, a third examination shall be authorized--this to be made by a physician designated by the SDSW. All information contained in the first two reports shall be made available to the physician making the third examination with the exception of the names of the examining physicians. Approval or denial of aid shall be made on the basis of the two reports which agree as to facts.

If the State Ophthalmologist finds upon review that two of the physicians' reports of eye examinations indicate that the person's visual impairment comes within the definition of blindness, the SDSW is authorized to recommend to the county that aid be granted or restored without the formality of a hearing by the SSWB. When aid is denied or discontinued on the basis of two reports showing that the person's degree of visual impairment does not come within the definition of blindness, the person may appeal to the SSWB for a fair hearing. (SEE SEC. 325-20, RIGHT, PURPOSE AND SCOPE OF APPEAL.) All reports of eye examinations shall be submitted with the appeal.

(Section Continued on Next Page)

**180-15 DETERMINATION OF DEGREE OF BLINDNESS
ANB, APSB****180-15**

An eye examination by a duly licensed and practicing physician, skilled in diseases of the eye, is required by law to establish eligibility and continuance of eligibility. The physician's report must be submitted in writing over his own signature. It shall be signed before a deputy county clerk, notary public or other person qualified to administer an oath. (SEE SEC. 235-00, PHYSICIAN'S REPORTS OF EYE EXAMINATION, AND 351-50, REINVESTIGATION OF BLINDNESS.)

Eye examinations shall be made by a physician from the list approved by the SDSW, unless special authorization is given by the SDSW.

Reports from clinics as to degree of vision shall not be accepted. Each report shall be signed by the individual physician making the examination, and the fee paid to the physician rather than to the clinic.

When no examiner in the county is listed and the distance from qualified examiners is great, necessary transportation costs to obtain the required eye examination are administrative expenses subject to Federal participation. (SEE SECS. 645-10, EXPENDITURES FOR PURPOSES OF ADMINISTRATION, AND 645-80, EXPENDITURES FOR EYE EXAMINATION.) Under unusual conditions, the State will assist in arranging for acceptable examination upon request by the county.

Out-of-State physicians who are skilled in diseases of the eye, and who are on the list approved by the California SDSW, may examine California applicants for or recipients of ANB and APSB to determine their eligibility for aid in this State. (W&IC 3075, 3083, 3460, 3471)

**180-20 REVIEW OF EYE EXAMINATION REPORTS
ANB, APSB****180-20**

All reports of eye examinations shall be acted upon by the State Ophthalmologist. (SEE SEC. 235-00, PHYSICIAN'S REPORTS OF EYE EXAMINATION) Reports may be submitted to the SDSW for review by the State Ophthalmologist prior to action by the board of supervisors.

This assists the county in determining the applicant's eligibility, in so far as degree of blindness is concerned, prior to the receipt of aid. It avoids payment of aid to persons whose eye examination reports indicate that their degree of visual impairment does not come within the definition of blindness. (SEE SEC. 180-10, DEFINITION OF BLINDNESS.)

(Section Continued on Next Page)

**180-50 REEXAMINATION OF EYES TO DETERMINE CONTINUED ELIGIBILITY
ANB, APSB****180-50**

The required annual investigation of the qualifications of recipients of Aid to the Blind includes a reexamination of the eyes (SEE SEC. 351-50, REINVESTIGATION OF BLINDNESS) unless the State Ophthalmologist has advised that such reexamination is not necessary. All physicians' reports of eye examinations, made to determine continued eligibility, shall be submitted to the SDSW immediately after the examination has been made, for review by the State Ophthalmologist. (SEE SEC. 180-20, REVIEW OF EYE EXAMINATION REPORTS.) At the time reports of eye examinations are reviewed by the State Ophthalmologist, the county is advised if a reexamination is necessary at a later date. (SEE SEC. 235-00, PHYSICIANS' REPORTS OF EYE EXAMINATION.)

When one or more of the following conditions obtain, a reexamination of the eyes is required, even though the State Ophthalmologist has previously advised on a basis of facts known at that time, that a reexamination was not necessary:

1. The recipient has had an eye operation.
2. There are facts to indicate that a recipient's vision has improved.
3. There are facts to indicate that recipient's vision is better than the eye examination report indicates.
4. There are facts to indicate the recipient is a malingerer.
5. Aid has been discontinued for one year or more.

No cloud on eligibility from the standpoint of degree of blindness shall be considered to exist except on the recommendation of the State Ophthalmologist after review of the physician's report of eye examination. (SEE SECS. 361-40, CONTINUED ELIGIBILITY QUESTIONED ON BASIS OF PHYSICIAN'S REPORT OF EYE EXAMINATION, 180-20, REVIEW OF EYE EXAMINATION REPORTS, AND 180-25, SUCCESSIVE EYE EXAMINATION REPORTS.)

When other qualified examiners are available, it is desirable that reexamination of an applicant or recipient not be made by the same examiner who has previously filed a report of eye examination for the individual.

Reexamination in post-operative cases shall be made within not less than 90 days nor more than 120 days after the operation unless permission for delay is obtained from the SDSW. Questions which arise regarding the need for such post-operative examination should be referred to the SDSW for decision by the State Ophthalmologist.

When a reexamination is indicated for a bedfast applicant or recipient, such reexamination shall be required even though it may be necessary because of illness or other conditions to extend the time within which it may be secured. Questions on such cases should be referred to the SDSW for the advice of the State Ophthalmologist. (SEE SECS. 645-80, EXPENDITURES FOR EYE EXAMINATIONS, 180-15, DETERMINATION OF DEGREE OF BLINDNESS, AND 351-50, REINVESTIGATION OF BLINDNESS.) (W&IC 3075, 3460)

180-25 (Continued)

When the person appeals on the basis of two adverse reports, he may at his own expense present reports of other eye examinations. Such reports shall be made by physicians selected from the approved list and shall be submitted on the regular eye examination report form.

The SDSW shall retain the right to designate the physician who is to make the examination to resolve the conflict.

In appeals based on the degree of visual impairment, the SDSW shall authorize such eye examinations as it deems necessary.

The State Ophthalmologist shall have the privilege of examining the appellant prior to the hearing of an appeal by the SSWB. If the appellant refuses to submit to the examination or is not accessible for it, the hearing will be held on the basis of the reports already submitted.

The State Ophthalmologist shall have the privilege of examining any applicant for or recipient of ANB or APSB and may recommend final action on the basis of all available information.

When a physician's report on a reinvestigation indicates that the degree of visual impairment does not come within the definition of blindness, the SDSW may request a second examination and, if necessary, a third examination. (SEE SECS. 361-40, CONTINUED ELIGIBILITY QUESTIONED ON BASIS OF PHYSICIANS' REPORT OF EYE EXAMINATION, AND 351-50, REINVESTIGATION OF BLINDNESS.) (W&IC 3075, 3460)

180-30 PROOF THAT BLINDNESS OCCURRED WHILE APPLICANT WAS CALIFORNIA RESIDENT ANB, APSB 180-30

When an applicant does not meet residence requirements set forth in Sec. 121-10, Blind While Not a Resident of California, but claims eligibility in accordance with Sec. 121-15, Blind While a California Resident, he must establish that he became blind while a resident of the State. Acceptable evidence of this fact may be affidavits of, or reports of, interviews with employers, storekeepers, doctors, references, etc., as to the loss of vision. Such affidavits or reports must contain the facts upon which the affiant's knowledge is based.

There is no provision in the law by which expert testimony is distinguished from, or to be given more weight than, evidence of other character in establishing eligibility on this point. Expert testimony is to be given the weight to which it appears to be justly entitled in each case.

If blindness is claimed to be the result of an accident, date and location of the event shall be verified and physician's report as to cause of blindness (SEE SEC. 180-15, DETERMINATION OF DEGREE OF BLINDNESS) shall substantiate applicant's contention. (W&IC 3040, 3041, 3042, 3075, 3430, 3431, 3432, 3460)

180-75 (Continued)

180-75

CONTRA COSTA COUNTY

Dunphy, John	803 MacDonald Avenue	Richmond
**Ford, Harry G.	314 Tenth Street	Richmond
Harmon, Robert J. P.	314 Tenth Street	Richmond
Huwe, Eugene Lewis	314 Tenth Street	Richmond

FRESNO COUNTY

*Awtrey, Hugh	Patterson Building	Fresno
Goldstein, Max M.	Patterson Building	Fresno
Grayman, Harry M.	Patterson Building	Fresno
Trowbridge, Dwight H.	Patterson Building	Fresno
Walker, Benjamin F.	Patterson Building	Fresno
Walker, John R.	Patterson Building	Fresno

HUMBOLDT COUNTY

Dolfini, Walter W.	Bank of America Bldg.	Eureka
*Hoilien, Maurice J.	431 F Street	Eureka

IMPERIAL COUNTY

Edwards, S. R.	Suite 204, Professional Bldg.	El Centro
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KERN COUNTY

*Baisinger, L. F.	1629 Truxton Avenue	Bakersfield
Lange, Harry W.	1629 Truxton Avenue	Bakersfield
McKee, Keith S.	1706 Chester Avenue	Bakersfield

KINGS COUNTY

Bassett, Alberta R.	Suite 212, Van Sicklen Bldg.	Hanford
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LAKE COUNTY

*Beil, M. Clemens		Upper Lake
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LOS ANGELES COUNTY

Abraham, Samuel V.	1930 Wilshire Blvd.	Los Angeles
Albaugh, C. H.	1131 Roosevelt Bldg.	Los Angeles
Austin, Thomas C.	65 N. Madison Avenue	Pasadena
*Behrens, Herbert C.	226 N. Greenleaf Ave.	Whittier
Beigelman, M. N.	1930 Wilshire Blvd.	Los Angeles
Bennett, Wilford W.	740 South Broadway	Los Angeles
Brandenburg, Kenneth C.	110 Pine Avenue	Long Beach
*Brownsberger, Sidney	1913 Wilshire Blvd.	Los Angeles
Bullis, John A.	1136 W. 6th Street	Los Angeles

*Physicians in Army, Navy, or Defense Work

**Physicians available for limited appointments.

(Section Continued on Next Page)

180-75 APPROVED LIST OF PHYSICIANS SKILLED IN DISEASES OF THE EYE ANB, APSB

180-75

All eye examinations made for the purpose of determining eligibility for ANB or APSB shall be made by a physician whose name appears in this section unless special authorization is given by the SDSW. (SEE SEC. 180-15, DETERMINATION OF DEGREE OF BLINDNESS.)

In some counties there is no physician on the list for the county, while in other counties the distance to the nearest physician on the list for the county is great, thus necessitating transportation expense to the county for the purpose of obtaining the necessary eye examination to establish eligibility for Aid to the Blind. Necessary expenses to the county for transporting the applicant for or recipient of ANB to obtain the required eye examination are legitimate administrative expenses subject to Federal reimbursement as is the physician's fee for the eye examination. (SEE SECS. 645-80, EXPENDITURES FOR EYE EXAMINATIONS, AND 235-00, PHYSICIAN'S REPORTS OF EYE EXAMINATION.)

APPROVED LIST OF PHYSICIANS MAKING EYE EXAMINATIONS IN CALIFORNIA LISTED BY COUNTY

ALAMEDA COUNTY

Brown, H. Alexander	2490 Channing Way	Berkeley
DeVaul, Charles H.	1624 Franklin Street	Oakland
Dickson, Owen C.	2628 Telegraph Avenue	Berkeley
Gump, M.E.	411 - 30th Street	Oakland
*Gunderson, Ernest O.	2490 Channing Way	Berkeley
Hessing, Ernest E.	1904 Franklin Street	Oakland
*Hunt, Carson E.	1904 Franklin Street	Oakland
Jacoby, Lionel A.	400 - 29th Street	Oakland
Johanson, Raymond	2140 Shattuck	Berkeley
Magrath, Wm. A. S.	411 30th Street	Oakland
McDonald, Dorothy	2490 Channing Way	Berkeley
Nutting, R. J.	411 - 30th Street	Oakland
*Padden, E. H.	1624 Franklin Street	Oakland
*Sharpsteen, Jay Randolph	3115 Webster Street	Oakland
*Stephens, B. M.	2241 Central Avenue	Alameda
Thomas, Benjamin	3751 Harrison Street	Oakland
Wold, Alvin P.	400 - 29th Street	Oakland

BUTTE COUNTY

Alexander, J. H.	111 W. Second Street	Chico
Chiapella, J. O.	131 Broadway	Chico
Plumb, C. E.	Anglo-Calif. Nat'l. Bank Bldg.	Chico

*Physicians in Army, Navy, or Defense Work.

(Section Continued on Next Page)

180-75 (Continued)

180-75

Snow, H. L.	639 W. 9th Street	San Pedro
Southgate, Paul	Suite 302-4 Professional Bldg.	Long Beach
Thornburgh, Robert G.	517 Professional Bldg.	Long Beach
Weiss, Herman	3875 Wilshire Blvd.	Los Angeles
Whalman, Harold F.	1147 Roosevelt Bldg.	Los Angeles
*Wilson, Clinton A.	609 S. Grand Avenue	Los Angeles
*Wilson, Warren A.	415 N. Camden Drive	Beverly Hills
*Ziskin, Daniel E.	1930 Wilshire Blvd.	Los Angeles

MARIN COUNTY

*Denicke, Ernest W.	1010 B Street	San Rafael
Furlong, Robert M.	1010 B Street	San Rafael

MENDOCINO COUNTY

Keaster, J.B.		Willits
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MERCED COUNTY

*McDowell, B. E.	Bank of America Bldg.	Merced
Willison, Eugene E.	Merced Clinic Bldg.	Merced

MONTEREY COUNTY

Clark, Howard E.	576 Hartnell St.	Monterey
Griess, R. O.	8 E. Alisal Street	Salinas
Hastings, S. W.	Professional Bldg.	Monterey

NAPA COUNTY

Kittle, Dallas B.	1333 Jefferson Street	Napa
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NEVADA COUNTY

Miller, William M.	320 Aeolia Drive	Auburn
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ORANGE COUNTY

Brown, Dean C.	312-314 Spurgeon Bldg.	Santa Ana
Currey, Hiram M.	311 S. Main Street	Santa Ana
Elliott, Arthur C.	624 N. Los Angeles St.	Anaheim
Francis, Raymond	1501 N. Main Street	Santa Ana
*Maxwell, H. C.	1712 North Main Street	Santa Ana
Sellon, G. I.	213 N. Pomona Avenue	Fullerton

*Physicians in Army, Navy, or Defense Work.

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180-75 (Continued)

180-75

Christensen, Eugene L.	1027 Roosevelt Bldg.	Los Angeles
Cooley, Arthur D.	479 W. 6th Street	San Pedro
Crane, R. Walter	1026 Roosevelt Bldg.	Los Angeles
De la Reina, Solomon	465 W. 6th Street	San Pedro
Dow, Julian N.	9730 Wilshire Blvd.	Beverly Hills
**Ellis, O. H.	727 West 7th Street	Los Angeles
Endres, William J.	523 W. 6th Street	Los Angeles
*Faier, Herman I.	1930 Wilshire Blvd.	Los Angeles
**Fairchild, Nora M.	523 W. 6th Street	Los Angeles
*Fields, Maxwell	1930 Wilshire Blvd.	Los Angeles
Francis, Reginald K.	239 E. Manchester Blvd.	Inglewood
Ginsberg, Julian	1930 Wilshire Blvd.	Los Angeles
*Godwin, Edmund D.	820 Professional Bldg.	Long Beach
Hale, Channing W.	342 Investment Bldg.	Pomona
Hare, Robert	415 N. Camden Drive	Beverly Hills
Hartman, Deane C.	727 Roosevelt Bldg.	Los Angeles
*Hillyer, Ernest C.	812 Security Bldg.	Long Beach
*Irvine, Rodman	700 Roosevelt Bldg.	Los Angeles
Johnson, Ernest L.	317 West Main Street	Alhambra
Johnson, Henrietta M.	595 E. Colorado Street	Pasadena
*Kaplan, Harry E.	3875 Wilshire Blvd.	Los Angeles
Kelson, Ralph H.	353 Manchester Blvd.	Inglewood
Kinney, J. G.	1137 Second Street	Santa Monica
Koff, Raphael Joseph	1919 Wilshire Blvd.	Los Angeles
*Landegger, George P.	727 West 7th Street	Los Angeles
Lemere, H. B.	9615 Brighton Way	Beverly Hills
*Lund, Le Val	1680 N. Vine Street	Hollywood
*MacPherson, William	2701 E. Florence Ave.	Huntington Park
Maghy, Charles A.	1930 Wilshire Blvd.	Los Angeles
McCoy, Carroll A.	727 W. 7th Street	Los Angeles
**McCoy, David A.	1019 Avalon Avenue	Wilmington
McKellar, J. H.	746 Herkimer Street	Pasadena
Miller, Wallace J.	523 West 6th Street	Los Angeles
Mills, Lloyd H.	609 S. Grand Avenue	Los Angeles
Morrison, Richard J.	Professional Building	Santa Monica
*Nesburn, Henry R.	1680 Vine Street	Los Angeles
Norene, Robert A.	727 W. 7th Street	Los Angeles
Ogden, J. C.	117 East 8th Street	Long Beach
Preston, Helen E.	1136 W. 6th Street	Los Angeles
Reed, James Ross	201 N. El Molino	Pasadena
Reed, Paul H.	727 W. 7th Street	Los Angeles
Robbins, Alfred R.	1930 Wilshire Blvd.	Los Angeles
Robert, Jay G.	586 N. Main Street	Pomona
Rogers, John Brady	1401 S. Hope Street	Los Angeles
Shmukler, B. Cecelia	1930 Wilshire Blvd.	Los Angeles
Seech, Stephen G.	2007 Wilshire Blvd.	Los Angeles
Shumaker, Edgar K.	905 Roosevelt Bldg.	Los Angeles
Smith, Dennis V.	110 Pine Avenue	Long Beach
Smith, Harry A.	226 North Greenleaf Ave.	Whittier
Smith, W. Burr	1108 Roosevelt Bldg.	Los Angeles

*Physicians in Army, Navy, or Defense Work.

**Physicians available for limited appointments.

(Section Continued on Next Page)

180-75 (Continued)

180-75

SAN FRANCISCO COUNTY

Aiken, Samuel D	384 Post Street	San Francisco
Barkan, Otto	490 Post Street	San Francisco
Bettman, Jerome W.	2351 Clay Street	San Francisco
Blak, Einar V.	1801 Bush Street	San Francisco
Boyle, S. F.	490 Post Street	San Francisco
*Campion, George S.	490 Post Street	San Francisco
*Carman, Henry F.	490 Post Street	San Francisco
Cordes, Frederick C.	384 Post Street	San Francisco
Dickey, Clifford Allen	450 Sutter Street	San Francisco
Edgerton, Ambrose E.	450 Sutter Street	San Francisco
*Fine, Max	490 Post Street	San Francisco
Green, Martin I.	1801 Bush Street	San Francisco
Hall, Thomas G.	516 Sutter Street	San Francisco
*Harrington, David O.	384 Post Street	San Francisco
Hicks, Avery	490 Post Street	San Francisco
Hogan, Michael J.	384 Post Street	San Francisco
Hosford, George N.	450 Sutter Street	San Francisco
Kadesky, David	1801 Bush Street	San Francisco
*Lachman, George S.	450 Sutter Street	San Francisco
*Maisler, S.	350 Post Street	San Francisco
Miller, Miriam	490 Post Street	San Francisco
Pischel, Dohrmann K.	490 Post Street	San Francisco
Pischel, Kasper	490 Post Street	San Francisco
Rodin, Frank H.	490 Post Street	San Francisco
Swett, Wilber F.	490 Post Street	San Francisco
*Tesauro, Nicholas	350 Post Street	San Francisco

SAN JOAQUIN COUNTY

Broadus, C. A.	905 Medico-Dental Bldg.	Stockton
Brody, Yale	Bank of America Bldg.	Stockton
Gregory, Hunter L.	805 Medico-Dental Bldg.	Stockton
Powell, Barton J., Jr.	343 E. Main Street	Stockton
Powell, Dewey R.	501 Medico-Dental Bldg.	Stockton
Saslaw, Lewis B.	818 Bank of America Bldg.	Stockton

SAN LUIS OBISPO COUNTY

*Butler, W. D.	774 Marsh Street	San Luis Obispo
Kelker, G. D.	1114 Marsh Street	San Luis Obispo

SAN MATEO COUNTY

Murphy, William H.	205 3rd Avenue	San Mateo
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*Physicians in Army, Navy, or Defense Work.

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180-75 (Continued)

180-75

PLACER COUNTY

Miller, William M.	320 Aeolia Drive	Auburn
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RIVERSIDE COUNTY

*Berke, Samuel D		Indio
Garrison, B. E	201-202 Citizens Bank Bldg.	Riverside
Pierce, Michael J.	460 Fargo Street	Indio

SACRAMENTO COUNTY

Haworth, M. W.	Medico-Dental Bldg.	Sacramento
Kelsey, T. W.	521 Physicians Bldg.	Sacramento
McKee, C. B.	1008 Calif. State Life Bldg.	Sacramento
Spencer, George A	I.O.O.F. Bldg. - 9th & K Sts.	Sacramento
Turner, E. G.	1019 Calif. State Life Bldg.	Sacramento

SAN BERNARDINO COUNTY

Dowd, Richard E	Andreson Building	San Bernardino
*George, A R.	291 E Street	San Bernardino
Hadley, Carl M.	315 Platt Building	San Bernardino
Hooval, John H	105 West C Street	Ontario
Moose, Ray M.	575 - 5th Street	San Bernardino
Quinn, W R.	47 E. Vine Street	Redlands

SAN DIEGO COUNTY

Berends, E. D.	625 Broadway	San Diego
Bond, Floyd M.	625 Broadway	San Diego
Durr, Samuel A.	233 A Street	San Diego
Hosmer, C. M.	625 Broadway	San Diego
*Kilgore, George L.	625 Broadway	San Diego
Koke, Martin P.	233 A Street	San Diego
*Lucic, Hugo	625 Broadway	San Diego
Merrill, H G.	3245 - 4th Avenue	San Diego
Monsees, Wayne	3245 - 4th Avenue	San Diego
Prendergast, John J.	2001 - 4th Avenue	San Diego
Ravin, Oscar G.	625 Broadway	San Diego
Rowland, Alan L.	625 Broadway	San Diego

*Physicians in Army, Navy, or Defense Work.

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180-75 (Continued)

180-75

STANISLAUS COUNTY

Julien, Albert E.	Sierra Bldg.	Turlock
*Morris, John K.	1024 J Street	Modesto
Mottram, L. D.	1115 I Street	Modesto
Porter, J. A.	1024 J Street	Modesto

SUTTER COUNTY

*Morris, Samuel A.	725 4th Street	Marysville
Lewis, Joseph D.		Marysville

TEHAMA COUNTY

Frey, R. G.	737 Washington Street	Red Bluff
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TULARE COUNTY

Keiper, George F.	113 N. Church Street	Visalia
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VENTURA COUNTY

Howarth, E. M.	705 Main Street	Santa Paula
Mahan, J. A.	804 West 5th Street	Oxnard
*Morrison, A. A.	705 Main Street	Santa Paula

YOLO COUNTY

Gray, John	Woodland Clinic	Woodland
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YUBA COUNTY

Lewis, Joseph D.		Marysville
*Morris, Samuel A.	725 - 4th Street	Marysville

OTHER STATES

Bibb, Clyde J.		Reno, Nevada
Creveling, Earle L.		Reno, Nevada
Fuller, John A.	15 E. First Street	Reno, Nevada
Inkrote, W. W.		Grants Pass, Oregon
Lemery, C. W.	204 Medford Center Bldg.	Medford, Oregon
*Moulton, Olin C.	605-609 Medico-Dental Bldg.	Reno, Nevada
**Stearns, Ralph W.	Medical-Dental Bldg.	Klamath Falls, Oregon
Woods, Ernest A.	295 E. Main St.	Ashland, Oregon

(W&IC 3075, 3460)

*Physicians in Army, Navy, or Defense Work.

**Physicians available for limited appointments.

180-75 (Continued)

SANTA BARBARA COUNTY

*Baird, Charles G.		Santa Maria
*Campbell, J. Gary	1826 State Street	Santa Barbara
Gibb, W. Blake	1515 State Street	Santa Barbara
Henderson, C. W.	317 W. Pueblo Street	Santa Barbara
Hombach, Frank J.	1421 State Street	Santa Barbara
Loutfallah, Michel	1826 State Street	Santa Barbara
Mesirow, Maurice E.	117 E. Cook Street	Santa Maria
Olson, Arthur Roy	1421 State Street	Santa Barbara

SANTA CLARA COUNTY

Beaudoux, H. A.	241 E. Santa Clara St.	San Jose
*Cassell, Irving	Room 502, St. Claire Building	San Jose
Jordan, Philip J.	910 Medico-Dental Bldg.	San Jose
Lee, Dorothea	310 Medico-Dental Bldg.	San Jose
Martin, P. T.	910 Medico-Dental Bldg.	San Jose
Moore, L. S.	910 Medico-Dental Bldg.	San Jose
Robertson, Gaynelle	261 Hamilton Avenue	Palo Alto
Smith, Herbert Gordon	261 Hamilton Avenue	Palo Alto
Thomas, Jerome B.	261 Hamilton Avenue	Palo Alto

SANTA CRUZ COUNTY

Bettencourt, M. F.	Lettunich Building	Watsonville
*Harrington, John T.	219 Soquel Avenue	Santa Cruz
**Hombach, Leo J.	99 Church Street	Santa Cruz
Shenk, Frederick P.	Medico-Dental Building	Santa Cruz

SHASTA COUNTY

*Kahn, Harold	1551 Market Street	Redding
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SOLANO COUNTY

Green, John W.	727 Sonoma Street	Vallejo
Johnson, Malcolm C.	824 Marin Bldg.	Vallejo
Madeley, H. Randall	727 Sonoma Street	Vallejo

SONOMA COUNTY

Every, H. M.	600 B Street	Santa Rosa
McLeod, J. H.	618 4th Street	Santa Rosa
O'Connor, C. Addison	816 4th Street	Santa Rosa
Patterson, Gilbert L.	1116 Mendocino Avenue	Santa Rosa
Spear, J. Leslie	576 B Street	Santa Rosa

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*Physicians in Army, Navy, or Defense Work.

**Physicians available for limited appointments.

REVISION RECORD

Revisions issued in changing this Chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.

IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the numbers of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding numbered sheet.

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235-00 (Continued)

235-00

Two copies of the completed Form B1 227, one of which shall be the original or certified copy, shall be sent to the SDSW for review by the State Ophthalmologist, either prior to action by the board of supervisors or with the Application (Form B1 200), and Certificate of Verification of Eligibility (Form B1 201). (SEE SEC. 180-20, REVIEW OF EYE EXAMINATION REPORTS.) The original or certified copy of the Form B1 227 is retained by the SDSW and the copy is returned to the county for its record.

When the Form B1 227 shows that the applicant's vision is sufficiently impaired to come within the definition of blindness, the State Ophthalmologist indicates on the form that the facts as reported show this. The Notification to County of Necessity for Reexamination (Form B1 M515) is completed by the State Ophthalmologist and attached to every accepted report to advise the county if and when further examination is required. This advice is based upon information submitted on Form B1 227. (SEE SEC. 180-50, REEXAMINATION OF EYES TO DETERMINE CONTINUED ELIGIBILITY.)

When Form B1 227 shows that the applicant does not come within the definition of blindness under which aid is allowed, the Notification to County of Action on Physician's Report (Form B1 M506) is sent to the county. This indicates that Form B1 227 has been reviewed by the State Ophthalmologist and that the facts contained therein do not show that the visual impairment of the applicant is sufficient to come within the definition of blindness adopted in California.

The maximum fee for each eye examination which is considered proper administrative expense subject to 50 per cent reimbursement is \$5. The payment of the examination fee is the responsibility of the county.

For procedure for reexamination of the eyes see Sec. 180-50. (Waic 3075, 3460)

**234-25 PURPOSE OF VERIFICATION OF DIVORCE
OAS, ANB, APSB, ANC****234-25**

In ANC if there has been a divorce and both parents are living, the award of custody in the divorce decree shall be verified in order to determine residence of the children. (SEE SEC. 122-10, DETERMINATION OF COUNTY RESIDENCE.)

In determining parentage it is sometimes necessary to verify divorce in order to establish dissolution of a previous marriage. (SEE SEC. 191-10, DETERMINATION OF PARENTAGE.)

In OAS, ANB and APSB, when determining the real property holdings of the applicant who declares that he has been divorced from his last spouse, it is necessary to establish that the final decree of divorce has been issued.

Divorce may be verified by review of the official records of the court in which it was granted; by a letter from the court giving the required information, or by review of documents in the applicant's possession. (W&IC 1560, 2140, 3075, 3460)

**235-00 PHYSICIAN'S REPORTS OF EYE EXAMINATION
ANB, APSB****235-00**

Responsibility for securing a physician's report as required in Sec. 180-15, Determination of Degree of Blindness, rests with the county. The applicant or recipient may select a duly licensed and practicing physician skilled in diseases of the eye from the list of physicians compiled by the SDSW.

The physician shall complete Physician's Report on Eye Examination (Form B1 227) in every detail, acknowledge it before a properly qualified official, and submit it to the county in duplicate. As it is a permanent record it shall be prepared in ink or typewritten. Reports which are incomplete or ambiguous are returned to the examining physician by the SDSW with a letter (copy of which goes to the county) listing the specific information or action needed. The physician should initial and date all additions or corrections made on the report and return it to the SDSW for review by the State Ophthalmologist.

The physician shall report definite measurements of visual acuity. Definite figures and descriptions are required on both eyes as indicated on Form B1 227. Check marks and such symbols as "nil," "o," etc., are not acceptable. The physician does not certify that the applicant or recipient is or is not blind. The Wassermann test (Item 19) is not required but is desirable in view of the widespread fight against syphilis, and the results of such an examination, when available, shall be reported.

(Section Continued on Next Page)

235-20 (Continued)

235-20

When a child who was not attending school re-enrolls, he is eligible for Federal participation from the first of the month in which he re-enrolls.

When a child becomes 16 during a vacation period, he is considered eligible for Federal participation until the end of the month in which his non-attendance is verified at the beginning of the next term, but not longer than the end of the month following the month in which the new term begins.

When a child becomes 16 during a school semester, he is considered eligible for Federal participation until the end of the month in which his non-attendance is verified, but not longer than the end of the month following the month in which the child became 16.

On current cases, when there is a change of payee from ineligible to eligible for a child who is over 16, he is considered eligible for Federal participation until the end of the month in which his non-attendance is verified, but not longer than the end of the month following the month in which the change of payee occurred. When a change of payee occurs during a vacation period, the child is considered eligible for Federal participation until the end of the month in which his non-attendance is verified at the beginning of the next term, but not longer than the end of the month following the month in which the new term begins.

On restoration when:

- a. A child has reached his 16th birthday between the date of discontinuance and date of restoration;
- b. A new school term begins between date of discontinuance and date of restoration, or
- c. Discontinuance indicates a change of school status,

the child is considered eligible until school status is verified. If non-attendance is verified eligibility ceases at the end of the month of verification. In no event shall eligibility cease later than the end of (Section Continued on Next Page)

**235-15 VERIFICATION OF REQUIREMENTS FOR FEDERAL PARTICIPATION
ANC****235-15**

The county shall determine whether children for whom ANC is granted meet the requirements for Federal participation in the grant of aid. Such participation is available when the child is eligible under the provisions of the ANC law and the following Federal requirements are met:

1. The child under 16 years of age is living with an eligible payee (SEE SEC. 628-00, PAYEES ELIGIBLE UNDER SOCIAL SECURITY ACT), or
2. The child who is 16 years of age and under 18 years of age is living with an eligible payee and is regularly attending school (SEE SEC. 235-20, SCHOOL ATTENDANCE AS REQUIREMENT FOR FEDERAL PARTICIPATION, AND SEC. 627-80, FEDERAL PARTICIPATION ON CHILDREN BETWEEN AGES OF 16 AND 18 YEARS). (W&IC 1560; FSSB)

**235-20 SCHOOL ATTENDANCE AS REQUIREMENT FOR FEDERAL PARTICIPATION
ANC****235-20**

When a child between 16 and 18 years of age, who meets other Federal requirements, is enrolled in school, Federal participation may be claimed (SEE SEC. 235-15, VERIFICATION OF REQUIREMENTS FOR FEDERAL PARTICIPATION). Such participation is available even though intermittent absences from school may occur, provided such absences do not result in termination of enrollment. Federal participation is available for the vacation months if the child was attending school at the end of the previous semester. When aid is restored during the summer months for a child who has been in an Indian school for previous semester, his attendance during the previous semester shall be verified.

When a child leaves school prior to the close of the term, he is considered eligible for Federal participation until the end of the month in which his termination is verified, but not longer than the end of the month following the month of termination.

When a child attending school at the close of a term does not re-enroll for the following term, he is considered eligible for Federal participation until the end of the month in which his non-attendance is verified, but not longer than the end of the month following the month in which the new term begins.

(Section Continued on Next Page)

**351-50 REINVESTIGATION OF BLINDNESS
ANB, APSB****351-50**

In ANB and APSB, the degree of blindness of the recipient shall be re-determined annually by a physician skilled in diseases of the eye unless the State Ophthalmologist has advised a reexamination is not necessary. It is desirable, if possible, that reexamination be made by a physician who has not previously examined the recipient. (SEE SEC. 180-50, REEXAMINATION OF EYES TO DETERMINE CONTINUED ELIGIBILITY.) (W&IC 3050, 3075, 3089, 3460)

**351-55 REDETERMINATION OF ELIGIBILITY UNDER ANB OR APSB PROGRAM
ANB, APSB****351-55**

When aid has been granted under the ANB or APSB program, the county shall redetermine annually whether the recipient shall for the ensuing year receive aid under the ANB or APSB program. (SEE SEC. 233-50, VERIFICATION OF PLAN FOR SELF-SUPPORT.) (W&IC 3075, 3083.5, 3460, 3473)

**351-57 TRANSFER PROCEDURE FROM ANB TO APSB, OR VICE VERSA
ANB, APSB****351-57**

When an application for ANB is granted, the recipient may transfer to APSB at any time. On the other hand, when an application for APSB is granted, a recipient is not eligible for ANB for a period of one year from the date of application for APSB. (W&IC 3075, 3083.5, 3460, 3473)

Subject to the restrictions included in the above paragraph, the recipient may indicate his desire to transfer from ANB to APSB, or vice versa. It is not necessary for the county to complete a new application or Certificate of Eligibility when a transfer from one chapter of Aid to the Blind to the other is effected. However, the request for transfer from one chapter to the other should be recorded in the county file. In order to eliminate an additional form, the following procedure shall be used:

1. A written or a signed request for a change from one program of Aid to the Blind to the other should be obtained from the recipient and appended to the original application.
2. After verification of the necessary items, a letter of recommendation should be written by the county welfare department for presentation to the board of supervisors for action.
3. Notification of the board of supervisors' action is to appear on this written recommendation which is to be retained in the county file.
4. If the request for change from one program of Aid to the Blind to the other is denied, Form Bl 239 (Notification of the Action of the Board of Supervisors) should be forwarded to the recipient as notification of the action taken by the county board of supervisors; a copy of Form Bl 239 should be forwarded to the SDSW. (SEE SECS. 250-00, DISPOSAL OF APPLICATIONS; 250-05, REPORTING ACTION ON APPLICATION TO SDSW; 250-10, REPORTING ACTION OF THE BOARD OF SUPERVISORS TO APPLICANT.)

(Section Continued on Next Page)

**351-45 REINVESTIGATION FOR COUNTY HOSPITAL CLAIMS UNDER
W. & I. C., SEC. 2160.7
OAS**

351-45

The eligibility of each person for whom the county hospital subvention is claimed shall be reinvestigated to determine if the person would be eligible to receive aid if he were not confined in the public institution. (SEE SEC. 165-00, PAYMENT TO COUNTY UNDER W&IC, SEC. 2160.7, 362-10, REPORTING PAYMENT TO COUNTY FOR HOSPITAL CARE ON NOTICE OF CHANGE, AND 627-25, COUNTY HOSPITAL CLAIM UNDER W&IC, SEC. 2160.7.) The due date of reinvestigation shall be governed by Sec. 351-05, Date of Reinvestigation.

Since the person on behalf of whom the county receives the subvention is not himself receiving aid, the following exceptions are made to the usual reinvestigation procedure.

1. The person shall not be requested to sign the Recipient's Affirmation of Eligibility (Form Ag 206). A report of any changes in his financial circumstances or his income shall be secured through interview with the person and shall be recorded in the case record. When the patient's condition is such that he cannot give the information, or the medical staff deems it unwise for him to be interviewed, independent investigation may be substituted. Since in such cases a statement of any change in circumstances cannot be secured from the individual a recheck of property rolls and such other investigation as the circumstances in the case may indicate is required. This may include an interview with a relative or other person who has been known to have detailed knowledge of the person's circumstances.
2. Responsible relatives are not requested to complete Form Ag 225, Statement of Responsible Relative of Applicant under OAS Law. Contributions received from responsible relative when the recipient entered the hospital for medical care shall be considered as continuing contributions.

In determining the amount of aid the person would be eligible to receive if he were not confined in the county hospital, consideration shall be given to any changes in the income from real or personal property, or from other sources. Exception: Relative contributions in cash or in kind received at the time of admission to the hospital, and the occupancy value, if any, of the recipient's home at that time shall be considered as continuing income. (SEE SEC. 165-15, BASIS FOR STATE PAYMENT - COUNTY HOSPITAL CLAIM.) (W&IC 2140, 2160.7, 2184)

351-60 (Continued)

351-60

EXAMPLE A: THE CASE RECORD CONTAINS MEDICAL REPORTS AND OTHER EVIDENCE SHOWING THE FATHER HAS A SERIOUS HEART CONDITION AND HE HAS BEEN DECLARED PERMANENTLY INCAPACITATED. LETTER FROM THE FATHER OR RELATIVES TO HIS FAMILY INDICATE HIS CONDITION HAS NOT IMPROVED AND ACTIVITY CONTINUES TO BE LIMITED. UNDER SUCH CIRCUMSTANCES IT MAY REASONABLY BE EXPECTED THAT HIS DISABILITY STILL EXISTS.

2. When the record indicates that the county has shown due diligence in an effort to secure the medical report and there is reason to believe the disability still exists, aid may be continued beyond the due date of the annual reinvestigation for a period not to exceed 90 days.

EXAMPLE B: IT IS KNOWN TO THE COUNTY OVER CONSIDERABLE PERIOD THAT THE INCAPACITATED FATHER WAS LIVING WITH HIS PARENTS. AT TIME OF REINVESTIGATION IT IS LEARNED THAT HE LEFT THIS HOME AND HAS GONE TO ARIZONA TO BE WITH HIS SISTER. AID CONTINUES FOR A PERIOD NOT TO EXCEED 90 DAYS BEYOND THE DATE OF ANNUAL REINVESTIGATION TO ENABLE THE COUNTY TO SECURE THE NECESSARY MEDICAL REPORT.

3. Under the CIF classification when the original physician's report indicates permanent incapacity which prevents the father from engaging in any occupation and the record consistently indicates that his physical condition is unchanged,

EXAMPLE C: THE FATHER HAD BEEN DECLARED PERMANENTLY INCAPACITATED AFTER AN INJURY WHICH RESULTED IN A PARALYSIS. THE FATHER IS BEDFAST AND THE PHYSICIAN REPORTED THAT NO IMPROVEMENT COULD BE EXPECTED. THE WORKER SEES THE FATHER DURING HOME VISITS AND OTHER MEMBERS OF THE FAMILY REPORT ON THE FATHER'S CONDITION AT DIFFERENT TIMES. ALL OF THIS INFORMATION IS NOTED IN THE CASE RECORD AND INDICATES THE FATHER'S CONDITION REMAINS UNCHANGED.

(SEE SECS. 195-00, CLASSIFICATION OF CHILD OF TUBERCULOUS FATHER (TBF), 195-05, INSTRUCTIONS FOR COMPLETION OF REPORT ON TUBERCULOUS FATHER (TBF), FORM CA 242, 196-00, CLASSIFICATION OF CHILD OF INCAPACITATED FATHER (CIF), 196-05, INSTRUCTIONS FOR COMPLETION OF REPORT ON INCAPACITATED FATHER (CIF), FORM CA 240) (W&IC 1500, 1501, 1560)

When aid is granted under the PCI classification, the parent's presence in the institution or his status such as parole, discharge, or escape therefrom shall be verified. (SEE SECS. 193-30, CLASSIFICATION OF HALF-ORPHAN, PARENT COMMITTED TO INSTITUTION, (PCI) AND 235-55, VERIFICATION OF HALF-ORPHAN, PARENT COMMITTED TO INSTITUTION CLASSIFICATION.)

When aid is granted under WFU, Illeg., or Abd. Classification, eligibility from the standpoint of classification is a continuing process. All clues concerning the parent's whereabouts must be followed up and every effort must be made to locate the parent, parents or alleged father and to place responsibility. This does not apply to children declared abandoned by the court.

When a change in classification occurs, eligibility under the new classification shall be established in accordance with the requirements for that classification; e.g., a change from TBF to whole-orphan classification. (SEE CHAPTER 190-00, CLASSIFICATION FOR ELIGIBILITY REQUIREMENTS) (W&IC 1500, 1501, 1560)

351-57 (Continued)

351-57

5. If the request to change is approved, a Notice of Change (Form Bl 232) should be submitted to the SDSW showing the action of the board of supervisors, discontinuance date under the one chapter, beginning date under the other chapter and the amount of aid recommended. (Form Bl 239 will be sent to the recipient, but it is not necessary that a copy of this form be sent to the SDSW when a change in the type of aid is approved.) (SEE SEC. 362-30, REPORTING REASON FOR CHANGE ON NOTICE OF CHANGE.)

The recipient need only be required to furnish information concerning those items which will require additional verification to determine his eligibility for the aid requested.

Verification of eligibility for a transfer from ANB to APSB, in addition to that already completed for ANB, must include the following:

1. Verification of residence in California for a period of 10 years immediately preceding the filing of the request for a change of aid; or Verification of evidence that the recipient became blind while a resident of California.
2. Verification of the recipient's plan for achieving self-support; and
3. Verification of income.

If a recipient of APSB requests a transfer to ANB, determination should be made of the existence of need in excess of the grant together with verification of income, if any.

If a reinvestigation is due at the time of the transfer from ANB to APSB, or vice versa, full information shall be secured and the Recipient's Affirmation of Eligibility (Form Bl 206) should be completed by the recipient and county worker. (W&IC 3075, 3083.3, 3460, 3471.5)

(SEE SECS. 350-20, REINVESTIGATIONS, ANB, APSB LAW, 351-05, DATE OF REINVESTIGATION, 351-10, REQUIREMENTS OF REINVESTIGATION, 351-11, COMPLETION OF AFFIRMATION OF ELIGIBILITY, 351-12, HOME VISIT DURING REINVESTIGATION, 351-15, REINVESTIGATION OF REAL PROPERTY, 351-80, REINVESTIGATION OF PERSONAL PROPERTY, 351-25, REINVESTIGATION OF INCOME, 351-30, REINVESTIGATION OF RELATIVES, 351-35, REINVESTIGATION OF LIVING ARRANGEMENTS, 351-50, REINVESTIGATION OF BLINDNESS, 352-20, RECORDING OF REINVESTIGATION IN ANB AND APSB, 352-25, NOTIFICATION OF SDSW OR COMPLETION OF REINVESTIGATION.)

351-60 REINVESTIGATION OF CLASSIFICATION ANC

351-60

The county shall determine if there has been any change in the basis for the classification of a child receiving ANC and the date of such change, if any,

When aid is granted under the TBF or CIF classification, aid may not continue beyond the due date of the annual reinvestigation without a physician's report establishing continuing eligibility with the following exceptions.

1. When unsettled conditions in a foreign country make it difficult to secure medical reports on the incapacitated or tuberculous father, aid may be continued beyond the due date of the annual reinvestigation without the required medical form when the disability may reasonably be expected still to exist.

(Section Continued on Next Page)

361-25 (Continued)

361-25

5. When an award has been made and remains in effect, but payment of aid is suspended as provided in Sec. 361-30, Suspension Procedure.
6. When a warrant is returned to the county auditor's office because of a change in address of the recipient such warrant may be held and re-transmitted in the subsequent month to the recipient's new address.
7. When in a transferred case, the second county fails to begin aid on the date due. This is necessary to avoid interruption in receipt of aid. (SEE SEC. 122-67, CONTINUOUS PAYMENT OF AID IN TRANSFERRED CASE.)
8. In ANC, when aid is continuous but due to a change of payee the warrant is issued in the month subsequent to that for which aid is granted. (W&IC 1552.5, 1560, 2140, 2220, 3075, 3078.5, 3460; AGO NS4670; FSSB)

**361-30 SUSPENSION PROCEDURE
OAS, ANB, APSB, ANC****361-30**

Upon instruction so to do by the SDSW, the county shall cancel, suspend, or revoke aid.

Aid shall be suspended by the county when there is neither proof of continued eligibility nor proof of ineligibility. Suspension is the process whereby delivery of a warrant for a particular month for a current case is withheld beyond the month for which the warrant is issued while circumstances which raise question regarding the recipient's continued eligibility are investigated. Upon completion of the investigation suspended warrants are either released to the recipient or canceled. Discontinuance of aid differs from suspension in that aid is discontinued only when the information establishes ineligibility for continued aid. (SEE SEC. 361-50, DISCONTINUANCE OF AID) Under no circumstances shall an initial payment be suspended. (SEE SEC. 611-60, INITIAL PAYMENTS.)

When eligibility is established and the warrant is delivered on or before the last day of the month for which it is issued suspension action is not necessary.

In ANB and APSB, aid shall not be discontinued or suspended upon receipt of a Physician's Report of Eye Examination (Form B1 227) which raises question as to the degree of blindness. Such a report shall be considered as conflicting evidence of eligibility in that one or more Forms B1 227 indicating eligibility were previously obtained. The procedure outlined in Sec. 361-40, Continued Eligibility Questioned on Basis of Physician's Report of Eye Examination, shall be followed.

When information which raises question regarding continued eligibility makes it advisable to withhold delivery of the warrant for a particular month investigation of the eligibility question which caused the suspended payment shall proceed promptly and with all diligence in order that eligibility for continued aid may be established at the earliest possible date.

Upon request of the SDSW, an immediate report of every suspension of aid shall be made. Such report shall state the reason for the suspension and show county action approving the suspension. The action of the board of supervisors shall be taken not later than the first meeting of the month following that in which delivery of a warrant is withheld.

(Section Continued on Next Page)

**361-25 RETROACTIVE AID PAYMENTS BY COUNTY
OAS, ANB, APSB, ANC****361-25**

Retroactive aid means aid paid in a subsequent month for some preceding month or months. All payments of aid shall be made within the month for which aid is granted (SEE SEC. 611-50, BEGINNING DATE OF AID) except that retroactive aid may be paid by the county in the following types of situations (SEE SEC. 626-50, SUPPLEMENTAL AID CLAIMS):

1. When retroactive aid is granted upon appeal to the SSWB (SEE SEC. 325-75, RETROACTIVE AID.)
2. When retroactive initial payments are made because the investigation exceeded the period allowed by law for the particular category of aid as described in Sec. 611-70, Retroactive Initial Payments.
3. When a payment has been made for a given amount in conformity with the currently authorized award in effect at the time the payment was made, and it is found that the need for the month had increased. Retroactive aid may be paid provided the increase is approved by the board of supervisors and the supplementary warrant in the amount of the increase is issued and delivered before the end of the first month following that for which the retroactive payment is made. (Aid may not be restored retroactively under this provision.)

EXAMPLE A: AN OAS RECIPIENT RECEIVES \$40 IN AUGUST, A \$10 DEDUCTION BEING MADE BECAUSE OF A SON'S CONTRIBUTION. ON SEPTEMBER 5, COUNTY LEARNS THAT SON CEASED HIS CONTRIBUTION IN JULY, AND THAT RECIPIENT HAS HAD NO OTHER INCOME. HE WAS, THEREFORE, ELIGIBLE TO RECEIVE \$50 FOR AUGUST. THE BOARD OF SUPERVISORS MAY GRANT \$10 RETROACTIVE AID FOR AUGUST PROVIDED SUCH ACTION IS TAKEN IN SEPTEMBER AND THE WARRANT IS DELIVERED NOT LATER THAN SEPTEMBER 30.

EXAMPLE B: ANC IN THE AMOUNT OF \$85 WAS PAID FOR JANUARY TO MEET THE BUDGETARY DEFICIENCY FOR A FAMILY OF MOTHER AND FOUR CHILDREN. ON FEBRUARY 10, COUNTY LEARNED THAT FAMILY HAD MOVED TO MORE ADEQUATE LIVING QUARTERS AND RENT FOR JANUARY INCREASED BY \$7. THE BOARD OF SUPERVISORS MAY GRANT \$7 RETROACTIVE AID FOR JANUARY PROVIDED SUCH ACTION IS TAKEN IN FEBRUARY AND THE WARRANT IS DELIVERED NOT LATER THAN FEBRUARY 28.

4. When a payment in a particular month is made for less than the authorized award for that month and the erroneous payment is corrected within a three-month period, including the month in which the erroneous payment is made. No action by the board of supervisors is necessary. (In case of an erroneous discontinuance aid cannot be restored retroactively under this provision for the reason that there was no authorized award in effect for the month for which payment was due.)

EXAMPLE: THE AUTHORIZED AWARD FOR A RECIPIENT OF ANB FOR JANUARY IS \$50. DUE TO AN ERROR, THE RECIPIENT WAS PAID \$40 FOR JANUARY. COUNTY MAY PAY RECIPIENT ADDITIONAL \$10 DUE FOR JANUARY IN FEBRUARY AND NOT LATER THAN MARCH 31.

(Section Continued on Next Page)

361-35 CHANGES IN AMOUNT OF GRANT DURING SUSPENSION OF AID
OAS, ANB, APSB, ANC**361-85**

When it is found, during the suspension of aid, that the recipient was eligible for a lesser amount of aid than that for which the suspended warrant or warrants were issued, the original warrant and any other suspended warrants may be paid and a repayment sought from the recipient for the amount in excess of that to which he was eligible, or the original warrant and other subsequently suspended warrants may be canceled and a new warrant or warrants in the correct amount issued. (SEE SEC. 361-10, DECREASE IN GRANT.) If the original warrant and any subsequently suspended warrants are canceled and a new warrant or warrants issued, the board of supervisors must approve the changed grant and the new warrant or warrants must be issued before the end of the suspension period.

When, during suspension of aid, it is determined that the recipient was eligible to a greater amount of aid than that for which a suspended warrant or warrants were issued, the original warrant or warrants may be released. The additional amount due for a particular month may be retroactively paid, provided the supplementary warrant or warrants are issued and delivered before the end of the month following that for which the retroactive payment is made or the original warrant may be canceled and a new warrant or warrants in the correct amount issued. (SEE SECS. 361-25, RETROACTIVE AID PAYMENTS BY COUNTY, AND 361-00, INCREASE IN AMOUNT OF AID.)

For method of filing claims see Sec. 626-50, Supplemental Aid Claims.

A Notice of Change (Form Ag, Bl, CA 232) shall be submitted to the SDSW, after action by the board of supervisors, showing the change in the grant, beginning as of the first day of the month in which it was effective. (W&IC 1560, 2140, 3075, 3078, 3078.5, 3460)

361-30 (Continued)

361-30

When suspension action is necessary a notice shall be forwarded to the county auditor requesting that delivery of the warrant for the specified month be withheld. The specific reason why eligibility is questioned shall be recorded on the notification to the auditor, a copy of which shall be retained in the county case record.

Counties may devise their own form for notification to the county auditor. It may be advisable for such notification to be the same size as the warrant as this facilitates filing information regarding the dates of release with such warrants when they are returned to the auditor's office after having been cashed by the payee.

When investigation establishes eligibility, two copies of a notification prepared in triplicate, shall be forwarded to the county auditor requesting release of the warrant for the particular month. One copy shall be retained in the county file. A statement covering the results of the investigation which justified release of the warrant shall be included in the case record, either in the narrative or on the notification to the county auditor. Upon release of the suspended payment, the auditor shall indicate on the second copy the date of release of the warrant, sign it, and return it to the county welfare department where it shall be filed in the county case record.

When ineligibility is established the suspended warrant shall be canceled and a Notice of Change (Form Ag, Bl, CA 232) reporting discontinuance of aid effective with the last day of the month preceding that for which the warrant is canceled shall be submitted to the SDSW. (SEE SEC. 361-90, NOTIFICATION TO SDSW OF CHANGE IN GRANT.)

When factors beyond the control of the county delay the receipt of the information necessary for a determination regarding eligibility, a second warrant may also be suspended while the investigation is continued. Such situations may be due to failure to receive a reply from persons or agencies in another locality, to the physical condition of the recipient, etc. The warrant for the second month shall be issued, but delivery withheld. A notice shall be forwarded to the county auditor specifying the particular month for which delivery of the warrant is to be withheld and a copy of this retained in the county case record.

In extreme cases, delivery of the warrant for the third month may also be withheld. When the investigation has not determined by the last day of the third month, that the recipient is eligible, the warrant for the third month, together with the two suspended warrants shall be canceled, and Form Ag, Bl, CA 232 reporting discontinuance of aid, effective the last day of the month immediately preceding the first suspended payment shall be submitted to the SDSW. (SEE SEC. 361-90)

When eligibility is established during the second or third month, the usual notification to the county auditor shall be forwarded in duplicate, requesting that the withheld warrants be released. The auditor shall return one copy to the county welfare department after indicating the particular warrants which were released and the date of release. In no case may the warrants be released later than the last day of the third month.

For procedure on claims on suspended aid payments, see Sec. 626-45, Claims on Suspended Aid Payments. (W&C 1552.5, 1560, 2140, 2220, 3075, 3078, 3078.5, 3460)

362-20 REPORTING TRANSFER FROM ANB TO APSB OR VICE VERSA ON
NOTICE OF CHANGE, SECTION I
ANB, APSB

362-20

Column 1. Indicate by check whether recipient is being transferred from ANB to APSB or from APSB to ANB.

Column 2. Enter the beginning date of aid under the program to which the recipient is being transferred.

Columns 3, 4, 5, 6, and 7. See Sec. 362-05. Instructions for Recording on Notice of Change, Sec. I.

Discontinuance of aid under the program from which the recipient is being transferred should be reported in Section II, Items A and D-17. (SEE SECS. 351-57, TRANSFER PROCEDURE FROM ANB TO APSB OR VICE VERSA, AND 362-45, DISCONTINUANCE OF PAYMENT, SECTION II OF THE NOTICE OF CHANGE) (W&IC 3075, 3460)

362-05 (Continued)

362-05

release from the county hospital and the restoration of aid may be reported on the same Form Ag 232 unless there is a delay in the restoration of aid to the former recipient, in which case separate forms are necessary. There shall be no overlapping of payment to the county for hospital care and payment of aid to the individual. (SEE SEC. 215-00, RESTORATION OF AID)

For reporting date of release from county hospital in OAS see Sec. 362-40, Discontinuance of Payment, Sec. II of Notice of Change. (W&IC 2140, 3075, 3460)

**362-10 REPORTING PAYMENT TO COUNTY FOR HOSPITAL CARE ON
NOTICE OF CHANGE UNDER W. & I. C., SEC. 2160.7
OAS**

362-10

Column 1. Pertinent information relating to notification that a claim, under the provisions set forth in Sec. 165-00, Payment to County Under W&IC, Sec. 2160.7, will be filed is recorded in the columns opposite "Payment to County for Hospital Care."

A Form Ag 232 reporting discontinuance of the OAS grant to the recipient shall also be submitted. Notification of discontinuance of aid to the recipient and notification that a claim for hospital care will be made may be reported on the same Form Ag 232.

Column 2. Enter date from which payment for hospital care is requested.
Column 3. Enter the grant to which the recipient would be eligible were he not confined.
Columns 4, 5, 6, and 7 shall not be completed when the person would, had he not been confined, have remained eligible to the same grant. When there is a change in his circumstances which would have resulted in an increase or decrease in the grant, had he not been confined, these columns are completed as in the case of notification regarding any increase or decrease.

A Form Ag 232 shall be submitted when any change in the former recipient's circumstances would have necessitated either a change in amount of the grant or discontinuance of aid to which he would be entitled were he not confined. (W&IC 2140)

(See Secs. 165-00, Payment to County Under W&IC, Sec. 2160.7, 165-05, Definition of County Hospital Under W&IC, Sec. 2160.7, 165-10, Definition of Medical Care in County Hospital Under W&IC, Sec. 2160.7, 165-15, Basis for State Payment on County Hospital Claim under W&IC Sec. 2160.7, 351-45, Reinvestigation for County Hospital Claims Under W&IC Sec. 2160.7, and 627-25, County Hospital Claim Under W&IC, Sec. 2160.7)

REVISION RECORD

Revisions issued in changing this Chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.

IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the numbers of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding sheet.

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Plan of Presentation of Instructions for Monthly Statistical Reports	ANC, APSB, ANB, OAS	538-00
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* GR (General Relief or Indigent Aid)

611-50 (Continued)

611-50

EXAMPLE D: A MOTHER MAKES APPLICATION FOR ANC FOR TWO CHILDREN ON JUNE 5. THE APPLICATION IS GRANTED SEPTEMBER 15 AND AID BEGINS SEPTEMBER 1. A CHILD WHO HAS BEEN RECEIVING A FREE HOME WITH RELATIVES RETURNS TO HIS MOTHER'S HOME ON OCTOBER 10 AND THE APPLICATION FOR ANC FOR THIS CHILD IS SIGNED ON OCTOBER 15. THE 90-DAY PERIOD FOR THIS CHILD BEGINS ON OCTOBER 16. IF THE APPLICATION IS ACTED UPON BY THE BOARD OF SUPERVISORS IN JANUARY OR SUBSEQUENT THERETO, AID BEGINS JANUARY 1.

In ANC, when eligibility or ineligibility status has not been determined for one or more of the family group included on the original application and board of supervisor's action is withheld for such child or children until a later date, the 90-day period for the additional child or children begins on the day following that on which the original application was signed. A separate Certificate of Verification of Eligibility (Form CA 201) is required (SEE SEC. 250-00, DISPOSAL OF APPLICATIONS.)

4. Aid shall begin on the date specified by the SSWB in an order awarding aid. (SEE SEC. 325-70, DECISION BY SSWB)

The beginning date of aid shall not antedate the signing of the application. Exception: When the recipient transfers from one county to another, the beginning date of aid in the second county may antedate the signing of the application in the second county. (SEE SEC. 122-67, CONTINUOUS PAYMENT OF AID IN TRANSFERRED CASE.)

If investigation established eligibility only from a date subsequent to the date when aid should be effective under the provisions of W&IC Sec. 2183, or 2183.9 in OAS, Sec. 3082 in ANB, Sec. 3460 in APSB, or Sec. 1550 in ANC, aid shall not be granted prior to the date on which the applicant became eligible as established by the investigation.

When the provisions of W&IC Sec. 2183, or 2183.9 in OAS, Sec. 3082 in ANB, Sec. 3460 in APSB, or Sec. 1550 in ANC, indicate that aid should begin from the first of a month preceding that in which the board of supervisors grants the application, but because of ineligibility of the applicant during one or more of such months, retroactive aid is not paid, a statement of the specific reason for the applicant's ineligibility for such payment shall be made on the Certificate of Verification of Eligibility. (W&IC 1550, 1560, 2140, 2183, 2183.9, 3075, 3082, 3460; FSSB)

611-55 BEGINNING DATE OF AID--RESTORATIONS OAS, ANB, APSB, ANC

611-55

Restorations shall be effective as of the first day of the month in which action is taken by the board of supervisors unless the status of eligibility requires that the board of supervisors specify a later date, except in OAS when restoration is requested following discontinuance due to employment. (SEE SEC. 215-00, RESTORATION OF AID) (W&IC 1550, 1552, 1560, 2140, 2182, 2183.9, 3075, 3084, 3460)

In OAS, whenever a former recipient whose aid was discontinued because of employment requests restoration because the employment has ceased, the request shall be in writing and the signed statement shall include the date on which the employment terminated. (SEE SEC. 230-90, INVESTIGATION OF APPLICATION AFTER DISCONTINUANCE DUE TO EMPLOYMENT) The date on which such request for restoration is signed governs the beginning date of aid (unless the status of eligibility requires the board of supervisors to specify later date), and the effective date of restoration is determined as follows:

(Section Continued on Next Page)

611-50 (Continued)

611-50

When in OAS reapplication is made following discontinuance because of employment (FOR EXCEPTION SEE SEC. 230-90, INVESTIGATION OF APPLICATION AFTER DISCONTINUANCE DUE TO EMPLOYMENT) and the investigation is not completed by action of the board of supervisors within 30 days from the signing of the application and aid is granted on the 31st or some subsequent day, aid shall begin on the first of the month in which the 30-day period ended.

In OAS, the day following that on which the application is signed represents the first day of the investigation period. When the 60th (or 30th) calendar day falls on a Sunday or a legal holiday, the following day is considered the last day of the investigation period. The date on which the board of supervisors acts on the application is the date on which the investigation is completed.

EXAMPLE A: APPLICATION SIGNED JULY 15; GRANTED BY BOARD OF SUPERVISORS SEPTEMBER 15. 60-DAY PERIOD ENDED SEPTEMBER 13. AID IS PAID FROM SEPTEMBER 1 AS THE FIRST OF THE MONTH IN WHICH THE BOARD OF SUPERVISORS GRANTED THE APPLICATION IS EARLIER THAN THE FIRST OF THE MONTH FOLLOWING THE END OF THE 60-DAY PERIOD.

EXAMPLE B: APPLICATION SIGNED JULY 5. THE 60-DAY PERIOD ENDED SEPTEMBER 3. APPLICATION GRANTED BY BOARD OF SUPERVISORS NOVEMBER 8. AID IS PAID FROM OCTOBER 1, AS THE FIRST OF THE MONTH FOLLOWING THE END OF THE 60-DAY PERIOD IS EARLIER THAN THE FIRST OF THE MONTH IN WHICH THE BOARD OF SUPERVISORS GRANTED THE APPLICATION.

EXAMPLE C: REAPPLICATION AFTER DISCONTINUANCE BECAUSE OF EMPLOYMENT IS MADE SEPTEMBER 10 AND THE BOARD OF SUPERVISORS GRANTS THE AID OCTOBER 20. THE 30-DAY PERIOD EXPIRED OCTOBER 10. AID IS PAYABLE FROM OCTOBER 1.

- (b) In ANB, APSB and ANC when the investigation of the application is not completed by action of the board of supervisors within 90 days from the signing of the application and aid is granted on the 91st or some subsequent day, aid shall begin on the first of the month during which the 90-day period ends. (SEE SEC. 611-70)

The day following that on which the application is signed represents the first day of the investigation period. When the 90th calendar day falls on a Sunday or a legal holiday, the following day is considered the 90th day. The date on which the board of supervisors acts on the application is the date on which the investigation is completed.

EXAMPLE A: APPLICATION SIGNED SEPTEMBER 6; GRANTED BY BOARD OF SUPERVISORS FEBRUARY 6. AS THE 90-DAY PERIOD ENDED DECEMBER 5, AID IS PAID FROM DECEMBER 1.

EXAMPLE B: APPLICATION SIGNED SEPTEMBER 6; GRANTED BY BOARD OF SUPERVISORS DECEMBER 10. AS THE 90-DAY PERIOD ENDED DECEMBER 5, AID BEGINS ON DECEMBER 1.

In ANC, when application is made for an additional child or children in a family which is in process of investigation or is receiving a grant of aid, the 90-day period begins on the day following that on which the application for the additional child or children is signed. The application for this child requires a separate Certificate of Verification of Eligibility (Form CA 201) and a separate action by the board of supervisors.

EXAMPLE C: A MOTHER MAKES APPLICATION FOR ANC FOR TWO CHILDREN ON JUNE 5. AN ADDITIONAL CHILD LIVING OUTSIDE THE STATE RETURNS TO THE HOME ON JULY 6, BEFORE COMPLETION OF THE INVESTIGATION FOR THE FIRST TWO CHILDREN. THE MOTHER MAKES APPLICATION FOR ANC FOR THIS CHILD ON JULY 8. THE 90-DAY PERIOD FOR THE ADDITIONAL CHILD BEGINS JULY 9.

(Section Continued on Next Page)

627-20 (Continued)

627-20

2. Non-county cases--designated by one asterisk (*) or the term "non-county." The total grant and the amount in excess of \$40 shall be shown. The Federal and State shares may be extended to the corresponding columns. (See Cases Nos. 2 and 4, Form Ag 801, and Nos. 3 and 6, Form Bl 801.)*
3. Non-federal cases--designated by two asterisks (**) or the term "non-federal." The total grant shall be shown. The State share may be extended to the corresponding column. (See Cases Nos. 6 and 10, Form Ag 801 and Nos. 7 and 9, Form Bl 801.)*
4. Non-county-non-federal cases--designated by three asterisks (***) or the term "non-county-non-federal." The total grant shall be shown. The State share may be extended to the corresponding column. (See Cases No. 9, Form Ag 801, and No. 5, Form Bl 801.)*

Extension of the Federal and State shares for "non-county," "non-federal" and "non-county-non-federal" cases is not mandatory. They may be shown for easier segregation by the county of the different types of cases in compiling the Recapitulation Sheets (Form Ag, Bl 802). (W&IC 2140, 2075, 3460; FSSB)

COUNTY HOSPITAL AID CLAIM (Form Ag 801-H) in OAS is composed of regular and non-county cases. Show in the corresponding columns the total amount of the grant to which each recipient would be eligible under OAS law if he were not confined in the county hospital, the basis for State share in regular cases and the State share for non-county cases. For method of computation see Sec. 627-25, County Hospital Claim under W&IC 2160.7. (SEE FORM AG 801-H IN SEC. 629-99, COUNTY AID CLAIM FORMS.) (W&IC 2140)

ANC

VOUCHER AID PAY ROLL (Form CA 801) consists of cases both eligible and ineligible for Federal participation. The Warrant Amount, Basis for State Participation and Basis for Federal Participation are extended to the corresponding columns. Children who do not have one year county residence are designated by one asterisk (*) in the appropriate column. (See Case No. 13, Form CA 801.)*

The Basis for State Participation (the total amount paid, not to exceed \$22.50 per child ineligible to Federal participation; \$31.50 for one child and \$28.50 for each additional child in the same family eligible to Federal participation) is divided into two columns as follows:

1. One total amount for that portion of the grant allowed for all children in each family budget unit eligible to Federal participation, and

*Examples of the various types of cases are shown on the sample forms in Sec. 629-99, County Aid Claim Forms.

(Section Continued on Next Page)

**627-15 CLAIM FOR NON-COUNTY OR NON-COUNTY-NON-FEDERAL CASES
OAS, ANB, APSB, ANC****627-15**

In cases which have been receiving aid on a non-county or non-county-non-federal basis, State participation shall be claimed on the same basis for the full month when county residence of one year is acquired during a month (six months for ANB and APSB recipients who became blind while residents of the State). If the required county residence is completed on the first day of a month the county shall assume its share of the aid for the full month and shall claim accordingly. (W&IC 1512, 1560, 2140, 3075, 3460)

EXAMPLE A: AN AGED PERSON MOVED TO THE COUNTY WITH INTENT TO RESIDE ON JANUARY 15. OAS IS GRANTED TO BEGIN ON JUNE 1 ON A NON-COUNTY BASIS. ONE YEAR'S COUNTY RESIDENCE IS ACQUIRED ON JANUARY 15 OF THE NEXT YEAR. REIMBURSEMENT IS CLAIMED ON A NON-COUNTY BASIS FOR THE FULL MONTH OF JANUARY, THE COUNTY ASSUMING ITS SHARE OF THE AID BEGINNING FEBRUARY 1.

EXAMPLE B: A PERSON WHO BECAME BLIND WHILE A RESIDENT OF THE STATE MOVES TO THE COUNTY WITH INTENT TO RESIDE ON JANUARY 1. ANB IS GRANTED TO BEGIN ON APRIL 1 ON A NON-COUNTY BASIS. SIX MONTHS' COUNTY RESIDENCE IS ACQUIRED ON JULY 1 AND THE COUNTY ASSUMES ITS SHARE OF THE AID ON JULY 1.

(SEE SECS. 627-00, DEFINITION OF TYPES OF CASES WITH RESPECT TO FINANCIAL PARTICIPATION BY FEDERAL, STATE OR COUNTY GOVERNMENT, 627-10, CHART OF FINANCIAL PARTICIPATION IN GRANTS OF AID, 122-00, COUNTY RESIDENCE--GENERAL, 122-05, COUNTY RESIDENCE, 122-10, ANC DETERMINATION OF COUNTY OF RESIDENCE, 122-15, NON-COUNTY RESIDENCE, AND 122-50, REMOVAL FROM COUNTY OF RESIDENCE.)

**627-20 APPORTIONMENT OF GRANTS ON PAY ROLLS OR CLAIMS
OAS, ANB, APSB, ANC****627-20**

The Federal and State shares are computed on the total basis by use of the Recapitulation Sheet (Form Ag, B1, CA 802) which is self-explanatory. (SEE SEC. 626-20, FORMS USED IN AID CLAIMS.) In county hospital and BHI claims, the Aid Affidavits (Form Ag 800-H and CA 800-BHI) also serve as the recapitulation sheets. (W&IC 1560, 2140, 3075, 3460)

OAS: ANB: APSB

VOUCHER AID PAY ROLLS (Forms Ag, B1 801) are composed of:

1. Regular cases for which no designation is necessary. The total grant and the amount in excess of \$40 shall be shown. (See Cases Nos. 1, 3, 5, 7, 8 and 11, Form Ag 801 and Nos. 1, 2, 4, 8 and 10, Form B1 801.)*

*Examples of the various types of cases are shown on the sample forms in Sec. 629-99, County Aid Claim Forms.

(Section Continued on Next Page)

627-20 (Continued)

627-20

- D. When, by using the method prescribed in A, the apportionment to the ineligible child exceeds \$22.50, then the excess is apportioned to the eligible children so that the maximum reimbursement of State funds may be claimed.

EXAMPLE: A FAMILY BUDGET UNIT CONSISTS OF FOUR CHILDREN, THREE OF WHOM ARE ELIGIBLE FOR FEDERAL PARTICIPATION AND ONE OF WHOM IS NOT ELIGIBLE FOR FEDERAL PARTICIPATION. THE TOTAL GRANT FOR THE FAMILY IS \$91.40. OF THIS TOTAL GRANT \$68.90 IS APPORTIONED TO THE ELIGIBLE CHILDREN AND \$22.50 TO THE INELIGIBLE CHILD. (SEE CASE NO. 3, FORM CA 801)*

- E. When a family budget unit is composed of only one child, or when all of the children in a family have the same status with respect to Federal participation, no apportionment is made. The total grant for the family budget unit is shown as eligible if all the children are eligible for Federal participation, or as ineligible if all of the children are ineligible for Federal participation. (See Case No. 4, Form CA 801.)*

(W&IC 1560; FSSB)

(See Sec. 627-00, Definition of Types of Cases with Respect to Financial Participation by Federal, State, or County Government.)

BHI AID PAY ROLLS (Form CA 801-BHI) do not include children eligible for Federal participation. (SEE SEC. 626-00, METHOD OF CLAIMING PARTICIPATION BY FEDERAL AND STATE GOVERNMENTS.) The Warrant Amount and the Basis for State Participation are extended to the corresponding columns.

The Basis for State Participation (the total amount paid, not to exceed \$22.50 per child) is divided into two columns as follows:

1. Amounts for children having one or more years' county residence. (See Case No. 1, Form CA 801-BHI.)
2. Amounts for children who do not have one year county residence. (See Case No. 2, Form CA 801-BHI.)* (W&IC 1560)

*Examples of the various types of cases are shown on the sample forms in Sec. 629-99, County Aid Claim Forms.

627-20 (Continued)

627-20

2. One total amount for that portion of the grant allowed for all children in each family budget unit ineligible to Federal Participation.

In making this separation, the following rules are observed:

- A. When a family budget unit is composed of two or more children, and all of the children do not have a common status with respect to Federal participation, the grant is divided proportionately among the eligible and ineligible children, except as stated in B, C and D:

EXAMPLE: A FAMILY BUDGET UNIT CONSISTS OF THREE CHILDREN, TWO OF WHOM ARE ELIGIBLE FOR FEDERAL PARTICIPATION. THE GRANT FOR THIS FAMILY IS \$61.50. TWO THIRDS OR \$41 IS APPORTIONED TO THE TWO ELIGIBLE CHILDREN, AND ONE-THIRD OR \$20.50 IS APPORTIONED TO THE INELIGIBLE CHILD. (SEE CASE NO. 1, FORM CA 801)*

- B. When, by using the method prescribed in A, the apportionment to the eligible children is less than the maximum amount in which the Federal Government participates (\$30 for two children, \$42 for three children, \$54 for four children, etc.), then the maximum amount upon which the Federal Government participates is apportioned to the eligible children and the remainder of the grant is apportioned to the ineligible children, except as stated in C:

EXAMPLE: A FAMILY BUDGET UNIT CONSISTS OF FIVE CHILDREN, THREE OF WHOM ARE ELIGIBLE FOR FEDERAL PARTICIPATION AND TWO OF WHOM ARE NOT ELIGIBLE FOR FEDERAL PARTICIPATION. THE TOTAL GRANT FOR THIS FAMILY IS \$60. OF THIS TOTAL GRANT, \$42 (THE BASIS FOR FEDERAL PARTICIPATION FOR THREE ELIGIBLE CHILDREN) IS APPORTIONED TO THE ELIGIBLE CHILDREN, AND THE REMAINDER, \$18, IS APPORTIONED TO THE TWO INELIGIBLE CHILDREN. (SEE CASE NO. 15, FORM CA 801)*

- C. When the budgetary needs of the family budget unit less food, clothing, and personal needs of the ineligible child/children in the family budget unit, less any income specifically designated for the eligible children, are less than the maximum basis for Federal participation (\$18 for one child, \$30 for two children, \$42 for three children, etc.), a separate computation is made to determine the actual Federal basis for the eligible child/children. The budget deficiency (warrant amount) and the basis for Federal participation are reported on the Certificate of Verification of Eligibility (Form CA 201) or Notice of Change (Form CA 232). On the pay roll these same amounts are reported in their respective columns; the basis for State participation for the eligible child/children is the same amount as the basis for Federal participation; and the basis for State participation for the ineligible child/children is the difference between the ANC grant and the amount allocated to the eligible child/children.

EXAMPLE: A FAMILY BUDGET UNIT CONSISTS OF FIVE CHILDREN, THREE OF WHOM ARE ELIGIBLE TO FEDERAL PARTICIPATION AND TWO OF WHOM ARE NOT ELIGIBLE FOR FEDERAL PARTICIPATION. BECAUSE OF LOW RENTAL THE TOTAL BUDGETARY NEED IS ONLY \$120. THE THREE ELIGIBLE CHILDREN RECEIVE OASI BENEFITS OF \$45 A MONTH. THE TOTAL BUDGETARY DEFICIENCY IS \$75 AND AID IS GRANTED IN THAT AMOUNT. THE ALLOWANCE FOR FOOD, CLOTHING AND PERSONAL NEEDS OF THE INELIGIBLE CHILDREN IS \$40, LEAVING A BALANCE OF \$35 TO BE ALLOCATED TO THE ELIGIBLE CHILDREN. (SEE CASE NO. 14, FORM CA 801)*

*Examples of the various types of cases are shown on the sample forms in Sec. 629-99, County Aid Claim Forms.

(Section Continued on Next Page)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
March 6, 1945

SOCIAL WELFARE BOARD
BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
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2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently
effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article
21 of Chapter 3 of Title 1 of Part 3 of the Political
Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,


CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Encl
b65

1945 MAR 7 PM 3 02

MAIN OFFICE
616 K Street
Sacramento

LOS ANGELES OFFICE
Washington Building
311 South Spring Street

SAN FRANCISCO OFFICE
David Hewes Building
995 Market Street

Earl Warren
Governor
STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
March 6, 1945

1297

MANUAL LETTER NO. 73

FILED
In the office of the Secretary of State
of the State of California

MAR 7 - 1945

FRANK M. JORDAN, Secretary of State

By *Chas. H. Haggerty*
Deputy

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the six chapters as follows:

Welfare Personnel Standards	Revisions 56 and 57
Residence	Revisions 40 thru 42
Personal Property	Revision 51
Applications	Revisions 30 and 31
Investigation and Decision	Revision 82
Financial Procedures	Revisions 89 and 90

These revisions were approved by the Social Welfare Board on January 18, 1945.

Sec. 122-70, Removal of Non-County Aid Recipient, now sets forth a policy established to prevent interruption of non-county aid to recipients who move so near the end of the period for acquiring one year of residence in the first county that the second county is unable to process the application in time to make aid continuous. Under this new policy, when the non-county aid recipient establishes residence in the second county less than two months prior to the date on which joint participation would have begun in the first county, aid may be continued by the first county for not more than two months after the first of the month following the date on which the recipient established residence in the second county. The case example has been clarified to bring it into line with this new policy.

The revisions in Manual Sections 071-15 and 071-20 were necessitated because as formerly written they were inconsistent with each other. Section 071-15 provided that an employee who was promoted shall have his salary raised to at least the initial rate of pay for his new class but in no event shall a change be made at the time of promotion if his present salary falls within the range for his new class. Section 071-20, on the other hand, provided that an employee who was promoted to a higher classification was entitled to receive the minimum rate of pay of the higher classification or the rate of pay identical to that which he received prior to his promotion, provided such rate of pay was equal to or higher than the minimum rate of the higher classification or that he might be advanced to the next higher step in the salary range of the higher classification.

The revisions in these sections correct this inconsistency by deleting the portions of the rules as formerly quoted in Section 071-15 and substituting in its place that portion of the section relating to employees who are promoted to a higher classification as outlined in Section 071-20.

Sec. 627-50, Computation of Payments When Child Transfers Between Boarding Home or Institution and Private Home, has been divided into two sections -- 627-50, Computation of Payments When Child Transfers From Boarding Home or Institution to Private Home and 627-55, Computation Of Payments When Child Transfers From A Private Home To Boarding Home or Institution. The material in Section 627-55 has been revised to allow for the maximum reimbursement of State funds between the voucher and B. H. I. claims.

The issuance of this material renders obsolete the following bulletin material:

Bulletin 217

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

**071-15 ADMINISTRATION OF COMPENSATION PLAN
WPS****071-15**

The compensation plan shall constitute the official schedule of all salaries for all classes of positions in the county agencies. All salaries shall conform to the approved compensation plan and shall be at one of the salary levels for the class. Entrance salary for any employee shall be at minimum salary for the class to which he is appointed except that for the duration of the war emergency, appointments may be made at either one or two steps higher than the minimum salary of the compensation plan as adopted and in effect for that county agency to which employee is appointed, provided the following conditions apply:

1. No original appointment shall be made at a salary higher than the minimum of that class unless all persons standing higher on the eligible list who have been offered the appointment, are first offered the higher rate.
2. When an original appointment is made at a salary higher than the minimum of that class, all employees in the same class in that county agency shall be at the same or at a higher rate in the salary range at which the original appointment is made, unless the original appointment at a salary higher than the minimum for that class has been justified in accordance with this section.

When circumstances warrant, upon the written request and justification by the appointing authority and with the written approval of the SDSW, in cases of original appointment, transfers, promotions, or reinstatements upon recommendation of appointing authority, the SDSW may approve payment of a salary at more than two steps above the minimum rate for the class, provided that it is at one of the intermediate rates or at the maximum rate, but not in excess of the maximum rate for the class. In cases of original appointment, appointment may be made at the rate nearest the employee's salary prior to his appointment, but within the range for the class to which he is appointed.

If an employee is promoted to a higher classification by means of certification or non-competitive promotion, he is entitled to receive the minimum rate of pay of the higher classification or the rate of pay identical to that which he received prior to his promotion, providing such rate of pay is equal to or higher than the minimum rate of the higher classification, or he may be advanced to the next higher step in the salary range of the higher classification.

If the salary range of a given classification is changed, the employees in this classification shall receive the rate of pay within the new salary range identical to that which they were receiving prior to such change in the salary range, or in the event the rate of pay received prior to the change in the salary range does not fall on a specific step of the new salary range, they may be advanced to the next higher step in the new range.

(Section Continued on Next Page)

070-75 CLASS SPECIFICATIONS
WPS**070-75**

For each class specification established by the SSWB, the SDSW shall maintain official class specifications as approved by the SSWB.

1. Official class title.
2. Definition of the class, indicating, in terms of duties responsibilities, and/or place in the organization, positions to be included in and excluded from the class.
3. Statement of typical tasks to be performed by those holding positions allocated to the class.
4. Statement of minimum qualifications for determining fitness and qualifications of employees for each class of position and for temporary appointments and for applicants for examinations, which may include education, experience, knowledge, skills, ability and personal and physical traits and characteristics.
5. Additional qualifications considered so desirable that any person considered for employment who possesses them may be given additional credit in evaluation of his qualifications, even though such additional qualifications are not a prerequisite to consideration for employment.
6. The adopted schedule of pay for the class. (W&IC 119.5, 119.6; FSSB)

071-00 ESTABLISHMENT OF COMPENSATION PLAN
WPS**071-00**

The SSWB shall adopt a comprehensive compensation plan for all classes of positions. The plan shall include salary schedules for the various classes with salary of each class consistent with responsibility and difficulty of work as outlined in job specifications and shall be based on the principle that like salaries shall be paid for comparable duties and responsibilities in like counties. With the restriction of Sec. 071-20, Salary Advancements, such compensation plan shall include for each class of position, a minimum and a maximum rate, and intermediate rates to provide for steps in salary advancement without change of duty in recognition of meritorious service. In arriving at such salary ranges there shall be taken into consideration the advice and suggestions of appointing authorities and county officials, county ordinances or other laws, and prevailing rates of pay in other public employment and in private business, and the current cost of living. (W&IC 119.5, 119.6; FSSB)

071-10 ADOPTION OF COMPENSATION PLAN
WPS**071-10**

The proposed compensation plan, or any changes therein, shall be submitted to the SSWB for its consideration, approval and formal adoption. Salary ranges for classes of positions shall be amended or abolished in same manner as they are adopted. (W&IC 119.5, 119.6)

071-50 CHARACTER OF EXAMINATIONS
WPS**071-50**

Examinations may be written, or written and oral, or in the form of a practical demonstration of skill and ability or any combination of these. Any investigation of education, experience, character, or identity, and any test of technical knowledge, manual skill, or physical and mental fitness which, in the judgment of the examining agency, serve to this end, may be employed.

Examinations shall be practical in nature, and shall be constructed to reveal the capacity of the applicant for the particular position for which he is competing as well as his general background and related knowledge. Examinations shall be rated objectively. In the construction of examinations for positions involving important technical functions, the examining agency shall consult with the SDSW and specialists in the various subject matter fields, such specialists selected with the advice of the SDSW. (W&IC 119.5, 119.6; FSSB)

071-55 TYPES OF EXAMINATIONS
WPS**071-55**

Examinations shall be of two types: (a) qualifying and (b) competitive, consisting of open competitive and promotional.

Qualifying examinations shall be open to the personnel of county agencies who have been continuously employed since a date prior to January 1, 1940. Each such person shall take the examination for the class to which his position is allocated by the SSWB and must attain the required standard of proficiency in order to retain his present position. Such employees will not be obliged to meet the entrance requirements established for their positions as described in Sec. 074-10, Employees Appointed Prior to Date of Adoption of These Rules.

Open competitive examinations shall be open to all persons who meet the entrance requirements established for the examinations. (W&IC 119.5, 119.6; FSSB)

071-15 (Continued)

071-15

An employee who is demoted shall have his salary reduced to at least the maximum rate for his new class.

An employee who is transferred to a position in a class with same entrance salary shall be paid at his present rate, or at next higher rate in case there is not exact conformity between the two intervening rates in salary ranges of the classes.

If a former employee is reinstated in same position previously held or to one carrying a similar salary range, his salary shall not be higher than his salary at the time of his separation, unless there has been an increase within the salary range.

An employee who, on the effective date of the compensation plan, is occupying a position for which the salary is in excess of the maximum of the salary range adopted by the county appointing authority and approved by the SSWB, may be permitted to retain the salary in excess of the maximum during the period of his employment. However, when this position is vacated, it shall be filled at a salary in accordance with the provisions of this section. (W&IC 119.5, 119.6; FSSB)

071-20 SALARY ADVANCEMENTS**071-20**

WPS

Salary advancements shall not be automatic but shall be dependent upon the specific recommendation of the appointing authority and shall be based upon standards of performance as indicated by seniority and service ratings or other pertinent data. Such advancements shall ordinarily be given at one step-intervals once a year with the following exception:

Salary advancements given more frequently than once a year or at more than one-step intervals shall be permitted only upon the written request and justification by the appointing authority and with the written approval of the SDSW but in no case shall such advancements be given at intervals of less than three months except in cases of emergency.

All salary advancements shall remain within the salary range for the class and shall be at one of the salary levels for the class.

Regular annual or semi-annual periods following the filing of service ratings of employees shall be established for review of all employee records for the purpose of salary advancements. (W&IC 119.5, 119.6; FSSB)

**122-67 CONTINUOUS PAYMENT OF AID IN TRANSFERRED CASE
OAS, ANB, APSB, AND****122-67**

When a recipient in OAS, ANB, or APSB, or a person who determines residence of the child in ANC, ANB, or APSB, moves from one county to another with intent to change residence, there shall be no interruption in receipt of aid. To insure the completion of investigation and verification of eligibility prior to the effective date of the transfer application should be taken by the second county well before the date aid is to be discontinued by the first county. There shall be neither lag nor overlapping between the date of discontinuance and the date of beginning aid.

When an application has not been taken by the second county within the one-year period, it shall be taken immediately thereafter. Aid shall be paid by the second county as of the first day of the month following the completion of one year of residence unless the date of one year of residence falls on the first day of the month, in which event aid shall begin as of that date irrespective of the date of application or date of action by the board of supervisors. (SEE SEC. 122-70, REMOVAL OF NON-COUNTY AID RECIPIENT.)

If residence in another county is established subsequent to the date one year of residence in the second county was acquired, the second county shall be responsible for payment of aid until the end of the month following completion of one year's absence therefrom except that when the change of residence took place on the first day of the month, responsibility of the second county ceases one year from that date. (W&IC 1527, 1560, 2140, 2200, 3075, 3090, 3450, 3460)

**122-65 REMOVAL OF TRANSFERRED RECIPIENT TO A THIRD COUNTY
OAS, ANB, APSB, ANC****122-65**

When a recipient in OAS, ANB, or APSB, or a person who determines residence of the child in ANB, APSB, or ANC, changes his residence from a second to a third county before one year's residence is completed in the second county, the first county continues to be responsible for the payment of aid until the end of the month following completion of a one year period from the date residence in the second county was established (unless the change of residence took place on the first day of the month.) (FOR EXCEPTION, SEE SECS. 122-53 AND 122-54, DISCONTINUANCE OF AID DURING TRANSFER PERIOD.) The first county shall notify the third county of the change in county residence and the date on which aid will be discontinued, and shall provide the third county with certified copies of documents pertinent to the establishment of eligibility by the third county. An application is filed in the third county and aid to which the person is eligible paid on a non-county basis until completion of one year's residence in the third county (six months in case of ANB or APSB recipient who became blind while California resident). (W&IC 1512, 1526, 1527, 1560, 2140, 2160, 2200, 3042, 3075, 3432, 3460)

EXAMPLE A: OAS RECIPIENT RECEIVING AID AND RESIDING IN COUNTY A REMOVES TO COUNTY B ON JUNE 8, 1940, WITH INTENT TO RESIDE THERE. TRANSFER ARRANGEMENTS ARE COMPLETED, COUNTY A TO DISCONTINUE AID AS OF JUNE 30, 1941. RECIPIENT, HOWEVER, DECIDES THAT HE WOULD RATHER LIVE IN COUNTY C AND GOES THERE WITH THAT INTENTION ON OCTOBER 1, 1940. COUNTY A INFORMS COUNTY C OF THE ABOVE FACTS AND CONTINUES AID UNTIL JUNE 30, 1941. COUNTY C TAKES APPLICATION AND GRANTS NON-COUNTY AID BEGINNING AS OF JULY 1, 1941. IF RECIPIENT CONTINUES TO RESIDE IN COUNTY C, COUNTY WILL PARTICIPATE IN PAYMENT OF AID ON AND AFTER OCTOBER 1, 1941.

EXAMPLE B: ANB RECIPIENT, WHO BECAME BLIND WHILE A STATE RESIDENT, RECEIVING AID AND RESIDING IN COUNTY A REMOVES TO COUNTY B ON JUNE 8, 1940, WITH INTENT TO RESIDE THERE. TRANSFER ARRANGEMENTS ARE COMPLETED, COUNTY A TO DISCONTINUE AID AS OF JUNE 30, 1941. RECIPIENT, HOWEVER, DECIDES THAT HE WOULD RATHER LIVE IN COUNTY C AND GOES THERE WITH THAT INTENTION ON OCTOBER 1, 1940. COUNTY A INFORMS COUNTY C OF THE ABOVE FACTS AND CONTINUES AID UNTIL JUNE 30, 1941. COUNTY C TAKES APPLICATION AND GRANTS AID BEGINNING AS OF JULY 1, 1941. AS RECIPIENT HAS COMPLETED SIX MONTHS' RESIDENCE IN COUNTY C, AID IS PAID ON JOINT BASIS.

EXAMPLE C: REGULAR RECIPIENT IN COUNTY A MOVES ON NOVEMBER 5, 1940, TO RESIDE IN COUNTY B. TRANSFER ARRANGEMENTS ARE COMPLETED, BUT ON JUNE 15, 1941, RECIPIENT RECONSIDERS AND RETURNS TO COUNTY A TO RESIDE, REMAINING THERE UNTIL JULY 6, 1941. ON THAT DATE RECIPIENT MOVES TO COUNTY C, WITH INTENT TO RESIDE. TRANSFER ARRANGEMENTS COMPLETED BETWEEN COUNTIES A AND C. AID IS CONTINUED ON JOINT STATE AND COUNTY BASIS BY COUNTY A UNTIL JULY 31, 1942, PAYMENT BY COUNTY C BEGINNING AS OF AUGUST 1, 1942, PROVIDED RECIPIENT REMAINS IN COUNTY C.

122-70 (Continued)

122-70

Aid granted in the amount for which eligibility is established will be reimbursed in full by the State until continuous residence of one year has been completed in a single county (six months in case of ANB or APSB recipient who became blind while California resident). Joint financial participation begins as of the first day of first month after the date upon which the required period of county residence is completed unless that be the first day of month, in which event joint payment shall begin on that day. (W&IC 1525, 1526, 1527, 1560, 2140, 2160, 3040, 3041, 3042, 3075, 3430, 3431, 3432, 3460)

EXAMPLE A: A NON-COUNTY AID RECIPIENT IN OAS, ANB, APSB, OR IN ANC PERSON DETERMINING RESIDENCE OF CHILD, RESIDING IN COUNTY A REMOVES WITH INTENT TO RESIDE IN COUNTY B, ON JUNE 1, 1940. COUNTY A SENDS WRITTEN NOTIFICATION TO COUNTY B; JULY 31, 1940, IS AGREED UPON AS THE DATE AID IS TO BE DISCONTINUED BY COUNTY A. COUNTY B TAKES APPLICATION ON JUNE 7, 1940, AND PROCEEDS WITH REQUIRED RESIDENCE AND NEED VERIFICATION. APPLICATION IS PRESENTED TO BOARD OF SUPERVISORS AT MEETING IN JULY AND AID IS GRANTED AS OF AUGUST 1, 1940. FULL REIMBURSEMENT WILL BE MADE BY STATE UNTIL MAY 31, 1941 (NOVEMBER 30, 1940, IN CASE OF ANB RECIPIENT WHO BECAME BLIND WHILE STATE RESIDENT). JOINT FINANCIAL PARTICIPATION WILL BEGIN AS OF JUNE 1, 1941, IF RESIDENCE CONTINUES IN COUNTY B UNTIL THAT DATE (OR ON DECEMBER 1, 1940, FOR ANB RECIPIENT WHO BECAME BLIND WHILE CALIFORNIA RESIDENT).

EXAMPLE B: A NON-COUNTY AID OAS, ANB, OR APSB RECIPIENT WHO WOULD HAVE COMPLETED THE REQUIRED PERIOD OF COUNTY RESIDENCE IN COUNTY A ON JULY 6, 1944, ESTABLISHES RESIDENCE IN COUNTY B ON JULY 2, 1944. COUNTY B SHOULD ACCEPT AN APPLICATION AND GRANT AID AS SOON AS POSSIBLE. THE RECIPIENT MOVED TO COUNTY B LESS THAN TWO MONTHS PRIOR TO THE DATE ON WHICH JOINT PARTICIPATION WOULD HAVE BEGUN IN COUNTY A. THEREFORE, AID MUST BE DISCONTINUED BY COUNTY A NOT LATER THAN SEPTEMBER 30, 1944, I.E., TWO MONTHS AFTER THE FIRST OF THE MONTH FOLLOWING THE DATE ON WHICH THE RECIPIENT ESTABLISHED RESIDENCE IN THE SECOND COUNTY.

**122-70 REMOVAL OF NON-COUNTY AID RECIPIENT
OAS, ANB, APSB, ANC****122-70**

Recipients in OAS, ANB, or APSB, or the person who determines the residence of the child in ANB, APSB, or ANC, may move to another county with intent to reside while aid is being paid on a non-county basis by the first county. In such cases, the first county shall notify the second county in writing of the fact of removal, and of the date, if known, on which the recipient, or person fixing the child's residence, left the first county. Counties involved shall agree upon a date for discontinuance by the first county and assumption of responsibility by the second county. The second county shall assume responsibility for payment of non-county aid at the earliest possible date. A new application (Form Ag, Bl CA 200) and certificate of verification of eligibility (Form Ag, Bl, CA 201) shall be completed. Determination shall be made of the date residence was established, whereabouts during the past three years for OAS, ANB, and APSB, and in ANC whereabouts for one year immediately preceding date residence was established in the present county. Verification of continuance of need is also necessary. The first county shall furnish certified copies of evidence verifying other points of eligibility.

When the non-county aid recipient establishes residence in the second county two months or more prior to the date upon which joint participation in payment would have begun in the first county, aid shall not be continued by the first county beyond the date on which such joint participation would have begun.

When the non-county aid recipient establishes residence in the second county less than two months prior to the date on which joint participation would have begun in the first county (and it is impossible for the second county to complete the investigation and grant aid by the date on which joint participation would have begun in the first county), non-county aid may be continued by the first county for not more than two months after the first of the month following the date on which the recipient established residence in the second county (Exception: If the change of residence took place on the first day of the month, aid may be continued by the first county for not more than two months after the date on which the recipient established residence in the second county).

If a recipient of non-county aid establishes residence in a second county, but reestablishes residence in the first county before it has discontinued aid, that county shall continue payment of aid on a non-county basis for not more than twelve consecutive months subsequent to the date that residence was reestablished in that county. If a recipient of non-county aid establishes residence in a second county, and aid has been discontinued by the first county, and the recipient reestablishes residence in the first county prior to beginning payment of aid by the second county, the first county shall restore aid, to be paid on a non-county basis for not more than twelve consecutive months subsequent to the date that residence was reestablished in that county.

(Section Continued on Next Page)

123-20 RETURN FROM OUT OF STATE TO COUNTY OF RESIDENCE
AFTER AID DISCONTINUED
OAS, ANB, APSB, ANC

123-20

A former recipient of aid or a child formerly receiving ANC whose aid has been discontinued for cause during absence from the State, but who has retained California residence by intent or, if a child, by the parent's intent or act and intent, would not have interrupted his California residence by such absence and aid may begin immediately upon physical return to the State. The fact that residence was retained and that need continues shall be verified.

This section is not pertinent to children receiving ANC who were born in California or to ANB or APSB recipients who became blind while California residents, as they are eligible to restoration of aid immediately upon physical return to the State regardless of loss or retention of State residence and dependent only on continuance of other eligibility status.

Neither does this section apply to children receiving ANC who were born out of California nor to minor recipients of ANB or APSB who became blind while not residents of this State, if such minors' State residence is contingent upon their own physical presence in California. (W&IC 1525, 1526, 1560, 2140, 2160, 3040, 3043, 3075, 3430, 3431, 3460)

**122-75 INTER-COUNTY TRANSFER OF AID BECAUSE OF WOMAN RECIPIENT'S MARRIAGE
OAS, ANB, APSB, ANC****122-75**

A woman recipient of aid, or in ANC the mother or guardian, who marries a resident of another county ordinarily assumes her husband's residence as of date of marriage. Arrangements should be made by counties concerned for an inter-county transfer of aid as soon as one year of residence in the county of husband's residence has been acquired by woman. For fuller discussion of Married Woman's Residence, see Secs. 120-30, 120-32, 120-33, and 122-10. (W&IC 1526, 1560, 2140, 2161, 3042.10, 3075, 3433, 3460; AGO 10322, 10367, NS1016, NS1065, NS1793)

**123-00 ABSENCE OF RECIPIENT FROM STATE WITHOUT LOSS OF RESIDENCE
OAS, ANB, APSB, ANC****123-00**

A recipient of aid may leave the State for certain specific or temporary purposes without losing California residence because of his absence. Such absences are discussed fully under Sec. 121-40, etc., Absence from State Prior to Application. (W&IC 1560, 2140, 2160b, 3042, 3075, 3432, 3460)

**123-05 CONTINUANCE OF AID WHILE RECIPIENT ABSENT FROM STATE
OAS, ANB, APSB, ANC****123-05**

When a recipient of OAS, ANB, APSB, or a child receiving ANC whose residence is determined by other than physical presence has left the State for a temporary period, without loss of California residence, aid may be continued as long as residence is retained and the person is otherwise eligible, i.e., eligibility for continued aid is fundamentally dependent upon (1) retention of California residence and (2) continued need.

A recipient of OAS, ANB or APSB who goes to another state and whose aid continues beyond the second month, shall be required to report at the end of a two-months' period his intent with regard to residence, and thereafter, shall be required to inform the county of any change in intent with regard to residence. When a child receiving ANC accompanies his parent to another state, the parent shall comply with the foregoing requirements.

Reinvestigation of points of eligibility shall be made at the regular due date of the reinvestigation as provided in Sec. 351-05, Date of Reinvestigation. (SEE SEC. 353-05, REPORT REQUIRED OF RECIPIENT WHO LEAVES STATE.) (W&IC 1560, 2140, 3075, 3460; AGO 10945)

146-00 CONVERSION OF PROPERTY
OAS, ANB, APSS, ANC**146-00**

Real property may be converted to personal property, and vice versa, without causing ineligibility provided the real or personal property received together with other real or personal property holdings are not in excess of the maximum permitted by the respective category of aid. Aid shall be discontinued when the total holdings exceed the maximum permitted (SEE SEC. 134-10, REAL PROPERTY SOLD BY RECIPIENT, AND SEC. 134-15, ACQUISITION OF REAL PROPERTY BY EXCHANGE.)

Personal property of one type may be converted into personal property of another type, and eligibility continue, so long as the value of personal property holdings does not exceed the maximum for the particular category of aid, e.g., the exchange of stocks and bonds for cash, or in OAS, ANB, and APSS the exchange of equipment for a car and vice versa.

The following represents some types of conversion of property from one form to another: (SEE SEC. 141-00, TYPES OF PERSONAL PROPERTY.)

1. Principal payments on property sold under contract of sale.
2. Indemnity payments for land taken over by the Government through exercise of the right of eminent domain.
3. Payment received for Indian allotments sold by the U. S. Government upon the petition of the Indian for whom the property is held in trust.
4. Lump sums received from the maturing of life insurance policies, or surrender of them for their cash value. (W&IC 1520, 1521, 1560, 2140, 2163, 2164, 2165, 3047, 3075, 3447, 3460; AGO NS801, NS4943)

**145-10 PERSONAL PROPERTY ACQUIRED BY INHERITANCE
OAS, ANB, APSB, ANC****145-10**

The value of personal property acquired through inheritance shall be taken into account together with the value of other personal property holdings in determining eligibility in accordance with the provisions of the respective category of aid. (SEE SEC. 144-10, DETERMINATION OF PERSONAL PROPERTY VALUE OF UNDISTRIBUTED ESTATES.)

Exception:

When the recipient receives personal property through the death of the spouse, or is the beneficiary of insurance of a spouse (or of a child in ANC), such property or funds may be considered as being encumbered or charged with the funeral expenses of the deceased. When verification has been made that all or a portion of such property or funds has been or are to be used to defray such expenses, these funeral costs shall be deducted before determining the net value of the property. Only the net value, computed after deduction of funeral expenses, shall be considered in determining eligibility. (W41C 1521.5, 1560, 2140, 2163.1, 3047.5, 3075, 3448, 3460; CC654; AGO NS4769)

202-20 (Continued)

202-20

his
John X Jones
mark

Signature or Mark of Applicant

Witness to Mark

Witness to Mark

When the applicant is handicapped to the extent that he is unable to sign his name or to make his mark, it is acceptable for a witness to touch the pen to the body of the applicant prior to making the mark for him. Thus, by making the ritual a physical act rather than actually having the applicant himself make the mark, the objective of maintaining the comfort and the dignity of the individual can be approached. In this instance, the mark itself is made by one of the two witnesses.

An applicant who usually affixes his signature by printing may sign his name in this manner. A typewritten name, a carbon copy of a signature, or a rubber stamp imprint does not constitute a signature.

The above comments regarding form of signature, etc., apply to all forms which the applicant and/or his guardian and/or spouse may be required to sign.

The applicant's signature on the application shall be acknowledged under oath or affirmation before someone who is authorized to take such acknowledgment. The date of such acknowledgment is the date of application.

When the person administering the oath is a witness to the mark (including a thumb print), his signature must appear twice, once as a witness to the mark (including a thumb print) and again in the certificate of acknowledgment (W&IC 1560, 2140, 2180, 3075, 3081, 3460, 3470)

Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from an agency or department of the U. S. Government, State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath. (Pol. C 4295)

**202-55 APPLICATION OF PAROLEE FROM STATE HOSPITAL
OAS, ANB, APSB**

202-55

When persons who are about to be paroled from State hospitals wish to apply for OAS, ANB or APSB, the application procedure shall be as outlined below. It shall apply to the applicant for whom a guardian has been appointed and to the applicant who has no guardian. (SEE SECS. 230-60, GUARDIANSHIP, AND 462-50, GUARDIANSHIP OF THE STATE DEPARTMENT OF INSTITUTIONS.)

(Section Continued on Next Page)

202-20 (Continued)

202-20

The names and addresses of living children as known to the applicant shall be listed. When the children's whereabouts are unknown, they shall be considered as living. The listed contribution from relatives should be the actual contribution.

All other items should be completed to the best of the applicant's knowledge. (W&IC 3075, 3460)

OAS, ANB, APSB (GUARDIANSHIP)

When a guardian makes application, the full name of the applicant should be used at the top of the form. For the signature at the bottom of the blank the guardian should sign his own name as legally appointed guardian of the applicant; e.g., John Doe, legally appointed guardian of Richard Roe. (SEE SECS. 230-60, GUARDIANSHIP; 201-10, PERSON MAKING APPLICATION.) (W&IC 2140, 3075, 3460)

ANC

"Relationship to children" means the relationship (family or other) which the applicant bears to the children for whom aid is requested; e.g., mother, aunt, guardian, probation officer, etc.

In Section I space is provided for two different surnames when application is made for children having a common parent but different surnames. When there is only one surname it should be repeated when children's names are entered in the second column. The given name of each child for whom aid is requested shall be entered. The street address and/or box number and city, or name and address of institution shall be entered.

Sections II, III, and IV provide a basis for the county to secure information and start investigation regarding classification, residence and need. The sub-category under each heading need not be designated. (W&IC 1560)

OAS, ANB, APSB, ANC (SIGNATURES)

When the applicant or guardian is unable to sign his name, a mark (including a thumb print) may be used. When a mark (including a thumb print) which serves as a signature to a sworn statement is used, two persons are required as witnesses. The form for such a signature is as follows:

(Section Continued on Next Page)

236-30 (Continued)

236-30

The case records shall also include,, in a uniform arrangement, copies of all forms completed in connection with an application and investigation including the forms required for submission to the SDSW, as well as those devised by the county, and copies of all correspondence. It is not required that a copy of the Social Data Record Card (Form Ag, B1, CA 230) be retained in the county case record. The application (Form Ag, B1, CA 200) and Certificate of Verification of Eligibility (Form Ag, B1, CA 201) shall be either original or certified copies or duplicate copies. An original signature is necessary on the Form Ag, B1, CA 200. Original or facsimile signatures may be used on the Form Ag, B1, CA 201.

The case record shall contain verification that a copy of the Notification of Action by the Board of Supervisors (Form Ag, B1, CA 239) was mailed to the applicant or recipient as provided in Secs. 250-10, Reporting Action of the Board of Supervisors to Applicant, and 361-80, Notification to Recipient of Change in Grant. If a copy of the Form Ag, B1, CA 239 (or a carbon copy of the information included on the Form Ag, B1, CA 239) is not filed in the case record, the date the Form Ag, B1, CA 239 is mailed to the applicant or recipient shall be recorded either: (1) in the narrative case history, or (2) on the copy of Certificate of Verification of Eligibility (Form Ag, B1, CA 201) which is retained in the case record, or (3) on the copy of the Notice of Change (Form Ag, B1, CA 232) which is retained in the case record.

In ANB and APSB, a review shall be made at time of annual reinvestigation to determine the program under which the applicant qualifies for aid. The case history shall contain a record of the efforts of the applicant to achieve self-support, and his progress in this direction. When an applicant finds it necessary to change his plan for rehabilitation, the case record should contain information regarding the factors upon which his decision was based. (W&IC 1560, 2140, 3075, 3460)

236-35 DISPOSAL OF CASE HISTORY OAS, ANB, APSB, ANC

236-35

The application (Form Ag, B1, CA 200), Recipient's Affirmation of Eligibility (Form Ag, B1, CA 206), Certificate of Reinvestigation of Eligibility (Form Ag, B1, CA 208), Certificate of Verification of Eligibility (Form Ag, B1, CA 201), together with all documents supporting verification, Notice of Change (Form Ag, B1, CA 232) and other accounting records are held to be permanent

(Section Continued on Next Page)

**236-20 INSTRUCTIONS FOR REPORT OF INVESTIGATION
OAS, ANB, APSB****236-20**

The Report of Investigation (Form Ag, B1 202) provides a method for recording information on all points of eligibility.

In ANB and APSB, either this form or a substitute combination of the Face sheet (Form DPA 4 is suggested) and narrative shall be in the case record. In OAS, approval of the SDSW to discontinue the use of Form Ag 202 may be requested provided the following conditions are met:

1. A face sheet is completed, (see Suggested Face Sheet, Form DPA 4);
2. A uniform plan of case recording is followed;
3. The face sheet and the recording cover all the information requested on the Form Ag 202.

A copy of the face sheet and a detailed outline of the material included in the case record should be submitted with the written request.

All items on the Form Ag, B1 202, pertaining to each applicant should be completed. When more explanation is required than space on the form permits, a supplementary report shall be made elsewhere in the case record. (W&IC 2140, 3075, 3460)

**236-30 CONTENT OF CASE RECORD
OAS, ANB, APSB, ANC****236-30**

The county shall maintain case records containing all information secured relative to each applicant for or recipient of aid or each child or children for whom application is made or who is receiving aid including verification of points of eligibility which have been summarized on the Certificate of Verification of Eligibility (Form Ag, B1, CA 201) prior to its submission to the board of supervisors. When aid is denied, the case record shall contain full information relating to any point upon which denial is based. If there are pertinent conflicts in information relating to eligibility or ineligibility, the case record shall show how these were reconciled.

In OAS, ANB, and APSB, the case record shall contain the face sheet, when used, and the narrative record. It shall contain the Report of Investigation (Form Ag, B1 202) except as provided in Section 236-20, Instructions for Report of Investigation.

In ANC, the case record shall contain the face sheet (unless a substitute plan has been approved by the SDSW), a social history, and subsequent narrative entries.

(Section Continued on Next Page)

236-50 THE TOPICAL OUTLINE IN ANC RECORDING
ANC236-50
(Continued)

The following outline has been suggested in ANC for recording pertinent information from the time aid is recommended until it is discontinued. It is not all inclusive but should be adapted to the situation in each case. The individual situation may likewise make it advisable to rearrange the order of the outline. Although the material is presented in topical form suitable for chronological recording, it may be adapted to horizontal or other types of recording. Summaries, based on the topical outline may be helpful when eligibility has been determined, when reinvestigation is complete, when the progress of a plan for a family is being evaluated, or when the case is being transferred. Summaries made after eligibility is established should not duplicate material in previous summaries, but should summarize changes or developments in the family situation.

TOPICAL OUTLINE FOR NARRATIVE HISTORY

I. DATE, SOURCE, AND REASON FOR REFERRAL

A. Self, other agency, etc.

B. Lack of income, death of head of family, etc.

II. FAMILY STATUS

A. Members, age

B. Parents' status

1. Proof of parentage

2. Whereabouts and situation of both parents

3. Classification

(Section Continued on Next Page)

236-35 (Continued)

236-35

records and may not be destroyed irrespective of the length of time that aid may have been discontinued. When aid has been discontinued for five years or more the narrative record (case history) may, upon authorization of the board of supervisors, be destroyed but not until its content has been photographed in such manner that it may be reproduced. (W&IC 118, 1562, 2190, 3091.5, 3460)

236-40 PURPOSE AND METHOD OF RECORDING IN ANC ANC

236-40

Case recording is a part of the process of determining eligibility for aid and of planning for the family's well-being and future independence. An accurate, complete case record justifies the expenditure of public money by showing that funds have been fairly and impartially administered in accordance with the provisions of the law. The case record protects the client and the social worker, improves the service to the client, conserves the efforts of the agency, and assists in evaluating the quality and quantity of the agency's work.

Adequate recording of the status of eligibility includes both securing and recording accurate information. Pertinent social information which makes one family situation differ from another shall be carefully recorded in order that the individual needs of the family may be met within the limitations of the law and the rulings of the SDSW.

Preceding sections in this chapter have indicated material which shall be recorded in the narrative to clearly establish eligibility on points not completely covered by the Certificate of Verification of Eligibility (Form CA 201) or to make necessary explanation of information recorded on Form CA 201.

Either chronological or horizontal case recording may be used. Chronological recording means recording in which entries are made in the case record in chronological sequence under the dates on which information is received or developments occur. Topical headings are often used to indicate the nature of the information recorded under a certain date. Summaries of developments over a period of time may supplement the chronological record.

Horizontal recording provides for entries in the case record under the appropriate subject or topic, i.e., residence, property, etc. Separate sheets, usually of different colors are used for each general topic, for example blue paper for all information pertinent to residence, pink paper to record data on property, etc. (W&IC 1560)

626-50 SUPPLEMENTAL AID CLAIMS
OAS, ANB, APSB, ANC**626-50**

Aid claims supplementing the original claims filed for prior months are approved by the SDSW only:

1. When the SSWB has ordered payment of retroactive aid to an individual or reimbursement to a county through the appeal procedure (SEE SEC. 325-90, DISPOSITION OF CASE AFTER SSWB DECISION); (W&IC 1551, 2182, 3086)
2. When retroactive payments are occasioned by completion of investigation more than 60 days after date of application in OAS, and more than 90 days after date of application in ANB, APSB, and ANC (SEE SECS. 611-50, BEGINNING DATE OF AID--NEW APPLICATIONS, 611-70, RETROACTIVE INITIAL PAYMENTS, AND 627-30, BASIS FOR FEDERAL PARTICIPATION); (W&IC 1550, 2133, 3032, 3460)

In ANC, when investigation of eligibility for one or more of the family group included either on the original application or on a separate subsequent application is completed by a later board action but no retroactive payment is made because the full budgetary needs of the additional child were met in the original grant for the family unit. (SEE SEC. 250-00, DISPOSAL OF APPLICATIONS) In this instance, reimbursement may be obtained retroactively by filing a supplemental claim covering the balance of State participation due for the additional child/children on the basis of the amount originally paid.

3. In OAS, when retroactive aid is granted because the investigation of an application following discontinuance due to employment is not completed within 30 days (SEE SECS. 611-50; 611-55, BEGINNING DATE OF AID--RESTORATIONS, 611-70, AND 627-30); (W&IC 2183.9)
4. When retroactive aid is paid by the county because need has increased (SEE SEC. 361-25, RETROACTIVE AID PAYMENTS BY COUNTY); (FSSB)
5. When retroactive aid is paid because of erroneous payment of less than the authorized award (SEE SEC. 361-25). (FSSB)
6. When aid has been suspended and, upon completion of the investigation the recipient is found to be entitled to a lesser or a greater amount of aid, causing the original warrant to be canceled and a new warrant to be issued in the correct amount (SEE SEC. 361-30, SUSPENSION PROCEDURE); (W&IC 1552.5, 2220, 3078, 3460)

(Section Continued on Next Page)

626-40 (Continued)

626-40

Aid claims shall include all county approved cases on which aid has been paid for the current month. Payments made during the current month for previous months shall also be included in the claim for the current month, but shall be listed on a separate supplemental pay roll. (SEE SEC. 626-50, SUPPLEMENTAL AID CLAIMS.) (W&IC 1556, 1556.5, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

County hospital aid claims in OAS should include all persons confined in county hospitals during the current month who meet the requirements of Sec. 2160.7 of the W. & I. C. (SEE SECS. 627-25, COUNTY HOSPITAL CLAIMS, 629-99, COUNTY AID CLAIM FORMS, AND 165-00, PAYMENT TO COUNTY UNDER W&IC SEC. 2160.7.) (W&IC 2140, 2160.7)

626-45 CLAIMS ON SUSPENDED AID PAYMENTS
OAS, ANB, APSB, ANC

626-45

A claim shall always be made on the monthly pay roll for any suspended case, and the pay roll shall be allowed as claimed. When the warrant covering the claim is not paid and is later canceled, the cancellation shall be reported on a subsequent monthly claim. When not reported, the SDSW shall deduct the amount of the canceled warrant from a subsequent claim on the basis of the Notice of Change (Form Ag, B1, CA 232) previously sent to the SDSW. (SEE SECS. 361-30, SUSPENSION PROCEDURE, 361-35, CHANGES IN AMOUNT OF GRANT DURING SUSPENSION OF AID, 626-50, SUPPLEMENTAL AID CLAIMS AND 628-05, REPORTING OF CANCELLED AID WARRANTS.)

Federal participation is available on suspended aid payments, provided other Federal eligibility requirements are met. (W&IC 1556, 1556.5, 1559, 2140, 2189, 3075, 3087.3, 3460, 3482; FSSB)

626-50 (Continued)

626-50

In OAS, due to the change in State participation from one-half to five-sixths effective July 1, 1943, when retroactive aid is claimed for months prior to July 1, 1943, another separate recapitulation sheet shall be filed covering all months up to that date. The totals on the recapitulation sheet for months prior to July 1, 1943, and the totals on the recapitulation sheet for months after July 1, 1943, shall be combined in the column for prior periods on the Aid Affidavit, Form Ag 800.

EXAMPLE: RETROACTIVE AID IS GRANTED BY THE SSMB FROM APRIL 1, 1943, THROUGH SEPTEMBER 30, 1943, TO AN OAS RECIPIENT AND IS PAID BY THE COUNTY IN JANUARY, 1944. TWO RECAPITULATION SHEETS ARE PREPARED, ONE COVERING THE MONTHS OF APRIL THROUGH JUNE, AND ONE COVERING THE MONTHS OF JULY THROUGH SEPTEMBER. THE PAY ROLL AND BOTH RECAPITULATION SHEETS ARE ATTACHED TO THE REGULAR JANUARY CLAIM. THE TOTALS SHOWN ON BOTH RECAPITULATION SHEETS ARE COMBINED AND CARRIED FORWARD TO THE COLUMN FOR PRIOR PERIODS ON THE JANUARY AID AFFIDAVIT FORM AG 800.

Documents substantiating amounts claimed shall be on file with SDSW, as provided in Sec. 628-10, State Audit of Aid Claims. (W&IC 1550, 1556, 1560, 2140, 2183.2, 2189, 3075, 3082, 3087.3, 3460)

626-60 IDENTIFICATION ON AID PAY ROLLS OAS, ANB, APSB, ANC

626-60

The following information shall be included on each aid pay roll (Form Ag, B1, CA 801, CA 801-BHI): county filing claim; month and year for which claim is filed; warrant numbers and dates (except on county hospital claims); State case numbers; and apportionment of grants. (SEE SEC. 627-20, APPORTIONMENT OF GRANTS.)

In OAS, ANB, and APSB, the recipient's name shall be shown exactly as it appears in the signature on his Application (Form Ag, B1 200) and on the warrant. When a guardian of the estate or of the person and estate has been legally appointed, both the name of the guardian and the recipient are shown on the aid pay roll (Form Ag, B1 801).

In ANC, the name of the payee shall be shown exactly as it appears on the application (Form CA 200) or latest Notice of Change (Form CA 232) and the warrant, with the family and given names of all the children for whom aid has been granted. The total numbers of children in each family budget unit eligible and ineligible to Federal participation are also shown on the aid payroll (Form CA 801).

(SEE SEC. 610-40, IDENTIFICATION ON WARRANTS, SEC. 202-20, THE APPLICATION FORM AND SEC. 629-99, COUNTY AID CLAIM FORMS.) (W&IC 1556, 1556.5, 2140, 2189, 3087.3, 3482)

626-50 (Continued)

626-50

7. When retroactive aid is paid to make aid continuous in transferred cases (SEE SEC. 122-67, CONTINUOUS PAYMENT OF AID IN TRANSFERRED CASE);
8. In ANC when aid is continuous but due to a change of payee the warrant is issued in the month subsequent to that for which aid is granted.

A separate supplemental pay roll (Form Ag, Bl, CA 801 and CA 801-BHI) shall be prepared each month. It shall cover all of the retroactive payments made during that month for prior months, shall be attached to the regular current month's pay roll, and shall be submitted to the SDSW under one affidavit. The supplemental pay roll shall be marked "Supplement for prior months," shall show the month during which payments are made, and shall clearly indicate the amount paid for each month and the month for which each payment is made.

A separate Recapitulation Sheet (Form Ag, Bl, CA 802) shall be submitted covering the supplemental claim for prior months and shall be marked "Supplement for prior months." The totals shall be carried forward to the column for prior months on the Aid Affidavit (Form Ag, Bl, CA 800-BHI).

EXAMPLE: IN JANUARY, AID IS APPROVED TO BEGIN ON NOVEMBER 1, AND IN JANUARY WARRANTS ARE ISSUED FOR NOVEMBER, DECEMBER AND JANUARY. THE JANUARY WARRANT IS REPORTED ON THE REGULAR CURRENT PAY ROLL BUT A SEPARATE SUPPLEMENTAL JANUARY PAY ROLL IS PREPARED COVERING THE AID PAID FOR BOTH NOVEMBER AND DECEMBER AND IS MARKED "SUPPLEMENT FOR PRIOR MONTHS." ALL OTHER WARRANTS ISSUED IN JANUARY FOR PRIOR MONTHS ARE ALSO INCLUDED ON THE SAME SUPPLEMENTAL JANUARY PAY ROLL. THE AMOUNT PAID FOR EACH MONTH FOR EACH CASE IS CLEARLY REPORTED. THE REGULAR PAY ROLL AND RECAPITULATION SHEET COVERING PAYMENTS MADE FOR THE MONTH OF JANUARY AND THE JANUARY SUPPLEMENTAL PAY ROLL AND RECAPITULATION SHEET FOR PRIOR MONTHS ARE SUBMITTED AS ONE CLAIM. (EXCEPTION: THERE IS NO RECAPITULATION SHEET FOR BHI CLAIMS.) THE TOTALS FOR EACH PAY ROLL ARE CARRIED FORWARD TO THEIR RESPECTIVE COLUMNS FOR CURRENT AND PRIOR MONTHS ON THE JANUARY AID AFFIDAVIT (FORM AG, Bl, CA 800 AND CA 800-BHI).

(Section Continued on Next Page)

627-10 CHART OF FINANCIAL PARTICIPATION IN GRANTS OF AID
OAS, ANB, APSB, ANC

627-10

CATEGORY OF AID	TYPES OF PARTICIPATION	MAXIMUM MONTHLY GRANT	RATIO OF PARTICIPATION		
			**FEDERAL SHARE	STATE SHARE	COUNTY SHARE
OAS	REGULAR.....	\$50	ONE-HALF UP TO MAXIMUM FEDERAL BASIS OF \$40.	FIVE-SIXTHS OF BALANCE AFTER DEDUCTING FEDERAL SHARE.	ONE-SIXTH OF BALANCE AFTER DEDUCTING FEDERAL SHARE.
	NON-COUNTY.....	50	ONE-HALF UP TO MAXIMUM FEDERAL BASIS OF \$40.	ENTIRE BALANCE AFTER DEDUCTING FEDERAL SHARE.	NONE
	NON-FEDERAL....	50	NONE.....	FIVE-SIXTHS.....	ONE-SIXTH
	NON-COUNTY-NON-FEDERAL	50	NONE.....	ENTIRE GRANT.....	NONE
	COUNTY HOSPITAL SUBVENTION	NONE.....	STATE'S SHARE OF OAS PERSON WOULD HAVE RECEIVED IF NOT CONFINED IN COUNTY HOSPITAL	NONE
ANB	REGULAR.....	50	ONE-HALF UP TO MAXIMUM FEDERAL BASIS OF \$40.	ONE-HALF OF BALANCE AFTER DEDUCTING FEDERAL SHARE.	ONE-HALF OF BALANCE AFTER DEDUCTING FEDERAL SHARE.
	NON-COUNTY.....	50	ONE-HALF UP TO MAXIMUM FEDERAL BASIS OF \$40	ENTIRE BALANCE AFTER DEDUCTING FEDERAL SHARE	NONE
	NON-FEDERAL....	50	NONE.....	ONE-HALF.....	ONE-HALF
	NON-COUNTY-NON-FEDERAL	50	NONE.....	ENTIRE GRANT.....	NONE
APSB	NON-FEDERAL....	50	NONE.....	ONE-HALF.....	ONE-HALF
	NON-COUNTY-NON-FEDERAL.....	50	NONE.....	ENTIRE GRANT.....	NONE
ANC	REGULAR OR REGULAR-ELIGIBLE	*(A) \$31.50 FOR ONE CHILD ELIGIBLE TO FEDERAL (B) \$28.50 FOR EACH ADDITIONAL CHILD IN SAME FAMILY BUDGET UNIT ELIGIBLE TO FEDERAL.	ONE-HALF UP TO MAXIMUM FEDERAL BASIS OF: (A) \$18 PER MONTH FOR ONE ELIGIBLE CHILD, (B) \$12 PER MONTH FOR EACH ADDITIONAL ELIGIBLE CHILD IN SAME FAMILY BUDGET UNIT.	TWO-THIRDS OF BALANCE AFTER DEDUCTING FEDERAL SHARE.	ONE-THIRD OF BALANCE AFTER DEDUCTING FEDERAL SHARE.
	NON-COUNTY OR NON-COUNTY-ELIGIBLE	*(A) \$31.50 FOR ONE CHILD ELIGIBLE TO FEDERAL (B) \$28.50 FOR EACH ADDITIONAL CHILD IN SAME FAMILY BUDGET UNIT ELIGIBLE TO FEDERAL.	ONE-HALF UP TO MAXIMUM FEDERAL BASIS OF: (A) \$18 PER MONTH FOR ONE ELIGIBLE CHILD, (B) \$12 PER MONTH FOR EACH ADDITIONAL ELIGIBLE CHILD IN SAME FAMILY BUDGET UNIT.	ENTIRE BALANCE AFTER DEDUCTING FEDERAL SHARE.	NONE
	NON-FEDERAL OR REGULAR-INELIGIBLE	*\$22.50 PER CHILD	NONE.....	TWO-THIRDS.....	ONE THIRD
	NON-COUNTY-NON-FEDERAL OR NON-COUNTY-INELIGIBLE	*\$22.50 PER CHILD	NONE.....	ENTIRE GRANT.....	NONE

*THE MAXIMUM PAYMENT IN WHICH THE STATE PARTICIPATES (BASIS FOR STATE PARTICIPATION) UNDER THE ANC LAW IS: \$22.50 PER MONTH FOR EACH CHILD INELIGIBLE TO FEDERAL PARTICIPATION; \$31.50 PER MONTH FOR ONE CHILD ELIGIBLE TO FEDERAL PARTICIPATION AND \$28.50 PER MONTH FOR EACH ADDITIONAL CHILD IN THE SAME FAMILY BUDGET UNIT ELIGIBLE TO FEDERAL PARTICIPATION. THE COUNTY MAY SUPPLEMENT ADDITIONAL AMOUNTS ABOVE THE STATE MAXIMA FROM COUNTY FUNDS; HOWEVER, THE STATE DOES NOT PARTICIPATE IN SUCH ADDITIONAL AMOUNTS. THE FEDERAL SHARE IS NOT IN ADDITION TO, BUT IS INCLUDED IN THE \$31.50 AND \$28.50 STATE MAXIMA. IN NO EVENT MAY THE STATE SHARE EXCEED \$15.00 PER MONTH FOR A CHILD HAVING ONE YEAR OR MORE COUNTY RESIDENCE, OR \$22.50 PER MONTH FOR A CHILD HAVING LESS THAN ONE YEAR COUNTY RESIDENCE.

**THE ACTUAL FEDERAL MAXIMUM SHARE IN OAS AND ANB IS \$20 AND IN ANC \$9 FOR ONE CHILD AND \$6 FOR EACH ADDITIONAL CHILD IN THE SAME FAMILY BUDGET UNIT. (W&IC 1510, 1511, 1553, 1554, 2020.01, 2021.001, 2021.01, 2186, 2187, 2187.01, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; FSSA)

**627-00 DEFINITION OF TYPES OF CASES WITH RESPECT TO FINANCIAL PARTICI- 627-00
PATION BY FEDERAL, STATE, OR COUNTY GOVERNMENT
OAS, ANB, APSB, ANC**

The status of a recipient on a voucher claim is denoted by the following standard terminology and claim shall be made accordingly:

1. Regular (also termed regular-eligible in ANC) is that in which the required period of county residence has been acquired and Federal eligibility requirements have been met. The Federal, State and county governments participate in payments for these cases.
2. Non-county (also termed non-county-eligible in ANC) is that in which the required period of county residence has not been acquired. The Federal and State governments participate in payments for these cases.
3. Non-Federal (also termed regular-ineligible in ANC) is that in which Federal eligibility requirements have not been met. The State and county governments participate in payments for these cases.
4. Non-county-non-Federal (also termed non-county-ineligible in ANC) is that in which the required period of county residence has not been acquired and Federal eligibility requirements have not been met. Only the State government participates in payments for these cases.

County hospital, in OAS, is that in which the State pays to the county the State share of OAS the recipient would have received had he not been confined in the county hospital. (W&IC 1556, 1556.5, 2140, 2160.7, 2189, 3087.3, 3482)

627-45 PARTIAL MONTH CLAIMS--BASIS FOR FEDERAL PARTICIPATION OAS, ANB, ANC

627-45

In all eligible cases for which a partial month claim is made, the basis for Federal participation is the actual amount of aid paid, not to exceed the Federal maximum. Federal participation is not prorated. (W&IC 1553, 2183, 3087, FSSA, FSSB)

EXAMPLE A: WHEN 20 DAYS' AID AT THE RATE OF \$45 IN A 31-DAY MONTH, OR \$29.03, IS PAID TO AN OAS RECIPIENT, \$29.03 IS THE BASIS FOR FEDERAL PARTICIPATION. (SEE CASE NO. 11, FORM AQ 801.)*

EXAMPLE B: WHEN 25 DAYS' AID AT THE RATE OF \$50 IN A 30-DAY MONTH, OR \$41.67, IS PAID TO AN ANB RECIPIENT, \$40 IS THE BASIS FOR FEDERAL PARTICIPATION. (SEE CASE NO. 10, FORM BL 801.)*

EXAMPLE C: WHEN 20 DAYS' AID AT THE RATE OF \$25 IN A 28-DAY MONTH, OR \$17.86, IS PAID FOR ONE ELIGIBLE CHILD, \$17.86 IS THE BASIS FOR FEDERAL PARTICIPATION. (SEE CASE NO. 6, FORM CA 801.)*

627-50 COMPUTATION OF PAYMENTS WHEN CHILD TRANSFERS FROM BOARDING HOME OR INSTITUTION TO PRIVATE HOME ANC

627-50

When a child on whose behalf ANC is paid is moved from a boarding home to the home of a relative or legally appointed guardian during a month, aid may be claimed on both the voucher and BHI claims. The total of the State share on both claims shall not exceed the State maximum for the month. The information as shown on the Notice of Change (Form CA 232) as to the effective date of the change indicates the number of days during which the child is on aid in each home and the amount allowed on each claim. (W&IC 1507, 1510, 1511, 1512, 1952-3, 1554, 1556, 1556-5, 1559, 1560)

EXAMPLE: A CHILD IS LIVING IN A BOARDING HOME AND AID IS PAID TO THE BOARDING HOME AT THE RATE OF \$22.50 A MONTH. ON JANUARY 5, THE CHILD LEAVES THE BOARDING HOME AND IS PLACED IN THE HOME OF A RELATIVE. AID IS APPROVED TO BEGIN IN THE RELATIVE'S HOME ON JANUARY 5 AT THE RATE OF \$20 A MONTH AND IS REPORTED ACCORDINGLY ON FORM CA 232. TWO WARRANTS ARE ISSUED AND PARTICIPATION IS ALLOWED ON 4 DAYS' AID AT THE RATE OF \$22.50 PER MONTH ($4/31 \times \22.50), OR \$2.90 ON THE BHI CLAIM; AND PARTICIPATION IS ALLOWED ON 27 DAYS' AID AT THE RATE OF \$20 A MONTH ($27/31 \times \20), OR \$17.42 ON THE VOUCHER CLAIM. (SEE CASE NO. 3, FORM CA 801 BHI, AND CASE NO. 7, FORM CA 801.)*

*EXAMPLES OF THE VARIOUS TYPES OF CASES ARE SHOWN ON THE SAMPLE FORMS IN SEC. 629-99, COUNTY AID CLAIM FORMS

627-40 PARTIAL MONTH CLAIMS--COMPUTATION OF TOTAL AMOUNTS
OAS, ANB, APSB, ANC

627-40

In computation of a partial month claim, the rate of aid per day is computed on the basis of the actual number of days in the month. The appropriate SDSW rate table should be used to determine the amount of such claim. Aid is claimed for both the date of beginning and date of discontinuance.

EXAMPLE A: OAS IN THE AMOUNT OF \$50 A MONTH BEGINS ON APRIL 4. AID FOR 27 DAYS IS ALLOWED ($27/30 \times \$50$), MAKING A TOTAL PAYMENT OF \$45.

EXAMPLE B: OAS IN THE AMOUNT OF \$45 A MONTH BEGINS ON MARCH 4. AID FOR 28 DAYS IS ALLOWED ($28/31 \times \$45$), MAKING A TOTAL PAYMENT OF \$40.65.

EXAMPLE C: ANB BEGINS ON FEBRUARY 4 DURING A 28-DAY MONTH AT THE RATE OF \$50 A MONTH. AID FOR 25 DAYS IS ALLOWED ($25/28 \times \$50$), MAKING A TOTAL PAYMENT OF \$44.64.

EXAMPLE D: ANC IN THE AMOUNT OF \$22.50 A MONTH IS DISCONTINUED ON FEBRUARY 24 DURING A 29-DAY MONTH. AID FOR 24 DAYS IS ALLOWED ($24/29 \times \$22.50$), MAKING A TOTAL PAYMENT OF \$18.62.

For additional examples, see Secs. 627-50, Computation of Payments When Child Transfers from Boarding Home or Institution to Private Home, 627-55 Computation of Figures When Child Transfers from a Private Home to Boarding Home or Institution, and 627-85, Federal Participation When Additional Child Becomes Eligible During Month (Example b). (W&IC 1511, 1553, 1556, 1559, 1560, 2020.01, 2140, 2186, 2189, 3075, 3084, 3087, 3087.3, 3460, 3480, 3482)

627-55 (Continued)

627-55

EXAMPLE C: A 15 YEAR OLD CHILD HAVING ONE YEAR OR MORE COUNTY RESIDENCE AND LIVING WITH THE MOTHER IS RECEIVING AID AT THE RATE OF \$12 A MONTH. ON JANUARY 16 THE CHILD IS MOVED TO A BOARDING HOME AND THE GRANT IS INCREASED TO \$35 A MONTH. ON JANUARY 1 A WARRANT IS ISSUED TO THE MOTHER IN THE AMOUNT OF \$12. AT THE END OF THE MONTH A WARRANT IS ISSUED TO THE BOARDING HOME IN THE AMOUNT OF \$13.06 ($16/31 \times \35). THE TOTAL AMOUNT OF THE ADVANCE PAYMENT OF \$12 IS SHOWN ON THE VOUCHER CLAIM AS THE BASIS FOR STATE AND FEDERAL PARTICIPATION, RESULTING IN AN ACTUAL CLAIM OF \$6 FEDERAL FUNDS AND \$4 STATE FUNDS. \$11.61 ($16/31 \times \22.50) IS SHOWN ON THE BHI CLAIM AS THE BASIS FOR STATE PARTICIPATION, RESULTING IN AN ACTUAL CLAIM OF \$7.74 STATE FUNDS. (\$4 ALLOWED ON VOUCHER CLAIM PLUS \$7.74 ALLOWED ON BHI CLAIM - \$11.74 STATE SHARE). (SEE CASE NO. 9, FORM CA 801 AND CASE NO. 5, FORM CA 801-BHI)*.

IF THIS EXAMPLE WERE A NON-COUNTY CASE, THE ACTUAL STATE SHARE ON THE VOUCHER CLAIM WOULD BE \$6 AND ON THE BHI CLAIM \$11.61, OR A TOTAL OF \$17.61.

When the change in homes is known in advance and the relative or legally appointed guardian is paid only for the number of days during which the child is to be in his home and a warrant is issued to a boarding home for the remainder of the month, aid may be claimed on both the voucher and BHI claims. The total of the State share on both claims shall not exceed the State maximum for the month. The information as shown on the Notice of Change (Form CA 232) as to the effective date of the change indicates the number of days during which the child is on aid in each home and the amount allowed on each claim (Same procedure as outlined in Sec. 627-50) (W&IC 1507, 1510, 1511, 1512, 1552.3, 1553, 1554, 1556, 1556.5, 1559, 1560)

EXAMPLE D: A CHILD RECEIVING \$33 A MONTH WHO IS LIVING IN THE HOME OF A RELATIVE IS TO BE PLACED IN A BOARDING HOME ON JANUARY 16 WITH CHARGE FOR CARE OF \$30 A MONTH. THIS CHANGE IS KNOWN IN ADVANCE AND TWO WARRANTS ARE ISSUED--ONE TO THE RELATIVE FOR \$15.97 ($15/31 \times \33) AND ONE TO THE BOARDING HOME FOR \$15.48 ($16/31 \times \30). AID IS CLAIMED ON BOTH THE VOUCHER AND BOARDING HOME CLAIMS. THE BASIS FOR STATE PARTICIPATION ON THE VOUCHER CLAIM IS \$15.24 ($15/31 \times \31.50) AND ON THE BOARDING HOME CLAIM \$11.61 ($16/31 \times \22.50). FORM CA 232 REPORTS THE CHANGE IN PAYEE AND THE DECREASE IN AID EFFECTIVE AS OF JANUARY 16.

*EXAMPLES OF THE VARIOUS TYPES OF CASES ARE SHOWN ON THE SAMPLE FORMS IN SEC. 629-99, COUNTY AID CLAIM FORMS.

**627-55 COMPUTATION OF PAYMENTS WHEN CHILD TRANSFERS FROM A
PRIVATE HOME TO BOARDING HOME OR INSTITUTION
ANC****627-55**

When a child on whose behalf the maximum grant of ANC is being paid is moved from the home of a relative or legally appointed guardian to a boarding home or institution during a month and payment for the full month has been made in advance to the relative or guardian, the full month's aid will be allowed on the voucher claim. No aid is claimed on the BHI claim for that month.

EXAMPLE A: A CHILD IS LIVING IN THE HOME OF A RELATIVE AND ANC IN THE AMOUNT OF \$31.50 IS PAID TO THE RELATIVE ON JANUARY 1. ON JANUARY 25, THE CHILD IS PLACED IN A BOARDING HOME. AID IS CLAIMED ONLY ON THE VOUCHER CLAIM ON THE BASIS OF \$31.50 WITH THE RELATIVE SHOWN AS PAYEE. THE NOTICE OF CHANGE (FORM CA 232) SHOWS THE EFFECTIVE DATE OF THE CHANGE AS OF FEBRUARY 1.

When a child on whose behalf less than the maximum grant is being paid, is moved from the home of a relative or legally appointed guardian to a boarding home or institution during a month, and payment for the full month has been made in advance to the relative or guardian, maximum reimbursement of State funds will be allowed between both voucher and BHI claims. The voucher claim should show the total amount paid for the month in advance and the regular basis for Federal (if eligible to Federal) and State participation for the full month. The BHI claim should show the warrant amount paid to the boarding home or institution; however, the basis for State participation should be only in an amount necessary to effect the maximum State reimbursement in both payments for the month. The basis for State participation on the BHI claim may not exceed aid for the number of days the child was in the boarding home computed at the maximum basis for State participation for a child in a boarding home. The Notice of Change (Form CA 232) should show the effective date of the change of payee and the monthly rate paid in the BHI.

EXAMPLE B: A 15 YEAR OLD CHILD WHO HAS ONE YEAR OR MORE COUNTY RESIDENCE AND WHO IS LIVING WITH THE MOTHER IS RECEIVING AID AT THE RATE OF \$24 A MONTH. ON JANUARY 16 THE CHILD IS MOVED TO A BOARDING HOME AND THE GRANT IS INCREASED TO \$35. ON JANUARY 1 A WARRANT IS ISSUED TO THE MOTHER IN THE AMOUNT OF \$24. AT THE END OF THE MONTH A WARRANT IS ISSUED TO THE BOARDING HOME IN THE AMOUNT OF \$18.06 ($16/31 \times \35). THE TOTAL AMOUNT OF THE ADVANCE PAYMENT OF \$24 IS SHOWN ON THE VOUCHER CLAIM AS THE BASIS FOR STATE PARTICIPATION AND \$18 IS SHOWN AS THE BASIS FOR FEDERAL PARTICIPATION, RESULTING IN AN ACTUAL CLAIM OF \$9 FEDERAL FUNDS AND \$10 STATE FUNDS. ONLY \$5 STATE AID (\$15 MAXIMUM STATE SHARE LESS \$10 ALLOWED ON THE VOUCHER CLAIM) MAY BE CLAIMED ON THE BHI CLAIM, MAKING THE BASIS FOR STATE PARTICIPATION \$7.50 ($\$5 = 2/3$ OF \$7.50). (SEE CASE NO. 8, FORM CA 801 AND CASE NO. 4, FORM CA 801-BHI)*

IF THIS EXAMPLE WERE A NON-COUNTY CASE, THE ACTUAL STATE SHARE ON THE VOUCHER CLAIM WOULD BE \$15.00 AND ON THE BHI CLAIM \$7.50, OR A TOTAL OF \$22.50.

*EXAMPLES OF THE VARIOUS TYPES OF CASES ARE SHOWN ON THE SAMPLE FORMS IN SEC. 629-99, COUNTY AID CLAIM FORMS.

(Section Continued on Next Page)

**627-85 FEDERAL PARTICIPATION WHEN AN ADDITIONAL CHILD BECOMES
ELIGIBLE FOR AID DURING MONTH****627-85****ANC**

Federal participation for the full month is allowed for an additional child of a family receiving ANC for whom aid is approved to begin during the month, who meets all Federal requirements of eligibility, provided the grant is made in one total amount, one warrant is issued for the entire family group, and no separate amount is shown for the additional child.

EXAMPLE A: TWO CHILDREN ELIGIBLE FOR FEDERAL PARTICIPATION ARE RECEIVING AID AT THE RATE OF \$40 ON JANUARY 1. AID IS APPROVED TO BEGIN ON JANUARY 14 FOR AN ADDITIONAL CHILD OF THE SAME FAMILY WHO IS ALSO ELIGIBLE FOR FEDERAL PARTICIPATION. AID CONTINUES AT THE RATE OF \$40 FOR

(Section Continued on Next Page)

**627-80 FEDERAL PARTICIPATION ON CHILDREN BETWEEN AGES OF
16 AND 18 YEARS
ANC****627-80**

The Federal Government participates in ANC for children between the ages of 16 and 18 years of such children are regularly attending school in accordance with rules and regulations of the SDSW, and provided the children are otherwise eligible for Federal participation. (See Secs. 105-15, Age, ANC Law, 235-15, Verification of Requirements for Federal Participation, 235-20, School Attendance as Requirement for Federal Participation, and 628-00, Payees Eligible Under Social Security Act.) Federal participation is allowed for the full month in which the sixteenth birthday occurs, even though it has been verified that the child is not attending school. (W&IC 1553, 1560; FSSA)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
March 23, 1945

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

SOCIAL WELFARE BOARD
BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
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1170 SEVENTH AVENUE
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2816 OAK KNOLL TERRACE
BERKELEY

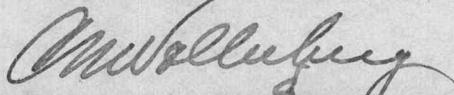
IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of Chapter 3 of Title 1 of Part 3 of the Political Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Encl.
b5

1945 MAR 26 PM 3 13

MAIN OFFICE
616 K Street
Sacramento

LOS ANGELES OFFICE
Washington Building
311 South Spring Street

SAN FRANCISCO OFFICE
David Hewes Building
995 Market Street

Earl Warren
Governor
STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
March 23, 1945

FILED
In the office of the Secretary of State
of the State of California

MAR 26 1945
FRANK M. JORDAN, Secretary of State
By *Chas. J. Taggart* Deputy

1297

MANUAL LETTER NO. 74

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the three chapters as follows:

Income	Revisions 26 and 27
Investigation and Decision	Revisions 83 thru 88
Continuing Services	Revisions 50 thru 52

These revisions were approved by the Social Welfare Board on February 15, 1945.

Sec. 152-10, Occupancy Value of Homes Owned By Recipients, now provides that payments on liens which are paid quarterly or at some other non-monthly period shall be pro-rated (averaged) monthly for purposes of computation of net value of occupancy. The revised section also provides that, for purposes of computing net value of occupancy, each of a couple is responsible for one half the encumbrance payment when a home is owned as community property.

Sec. 235-20, School Attendance as Requirement for Federal Participation, sets forth a revised plan for verification of school attendance. The major changes in policies and procedures are summarized as follows:

1. Verification of school status of children 16 and 17 years of age who are eligible for Federal participation is now required only on an annual instead of semi-annual basis.
2. Children who are 15 years old and who will reach their 16th birthdays during the current school year may have their school attendance verified by the county at the time of the annual verification.
3. The use of lists as a means of verification has been eliminated. Form CA 213, Statement of Attendance, and CA 214, Notice of Termination of Attendance, are now to be used for all school status verifications.
4. Under the revised school attendance plan reimbursement for Federal participation will be made on the basis of the date of verified ineligibility provided due diligence is exercised, i.e., the verifications are initiated and followed up where necessary within the specified time limit.

With the release of this material it should be noted that Sec. 235-25, Verification of School Attendance, has been deleted and the material incorporated in Sec. 235-20.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

1234

RECEIVED, JULY 10, 1917

The following is a list of the names of the persons who have been appointed to the various positions in the Department of Agriculture, and who have been assigned to the various divisions of the Department.

Division of Agriculture
Division of Entomology
Division of Plant Industry
Division of Soils
Division of Veterinary Medicine

The following is a list of the names of the persons who have been appointed to the various positions in the Department of Agriculture, and who have been assigned to the various divisions of the Department.

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The following is a list of the names of the persons who have been appointed to the various positions in the Department of Agriculture, and who have been assigned to the various divisions of the Department.

152-10 (Continued)

152-10

When a home is owned as community property each of the couple is responsible for one-half the encumbrance payment. Therefore, only one-half of the required monthly payment on the encumbrance (or on a contract of sale) is to be deducted from the value of occupancy as set forth in the table.

EXAMPLE B: A HOME OCCUPIED BY A COUPLE IS ASSESSED AT \$1,350. THE REQUIRED MONTHLY PAYMENT ON A \$300 ENCUMBRANCE IS \$7.00 PER MONTH (PRINCIPAL AND INTEREST). THE NET VALUE OF OCCUPANCY FOR EACH OF THE COUPLE IS COMPUTED AS FOLLOWS:

VALUE OF OCCUPANCY FROM TABLE FOR UNENCUMBERED HOMES.	\$5.00
LESS SHARE OF PAYMENTS ON ENCUMBRANCE	3.50
NET VALUE OF OCCUPANCY.	<u>\$1.50</u>

Duplex dwellings usually contain two identical units. Therefore, the value of occupancy of one unit occupied by the recipient shall be based on one-half the assessed value of the whole property. The net income from the other unit shall be determined in accord with Sec. 152-00, Net Income from Real Property.

An apartment in a building owned by the recipient has a value of occupancy which is determined by dividing the assessed valuation of the whole property by the number of apartments. The net income from the other apartments is determined in accord with Sec. 152-00.

EXAMPLE: APARTMENT HOUSE OF FOUR COMPARABLE UNITS IS ASSESSED FOR \$2800. NET VALUE OF OCCUPANCY OF ONE UNIT (OCCUPIED BY RECIPIENT) IS BASED ON ONE-QUARTER OF ASSESSED VALUATION OF THE WHOLE PROPERTY. (W&IC 2020, 2140, 3075, 3084, 3460, 3472)

(Section Continued on Next Page)

152-10 (Continued)

152-10

Unencumbered homes having a county assessed value of \$500 or less, have a minimum value of occupancy of \$3.00 per month. The value of occupancy shall be increased at the rate of \$1.00 per month for each additional \$500 assessed valuation or fraction thereof, up to a maximum of \$8.00 per month. The following table sets forth the occupancy value of unencumbered homes in accord with the county assessed valuation of the property.

Value of Occupancy of Unencumbered Homes

Assessed Value	Value of Occupancy
Up to \$500	\$3.00
\$501 to \$1000	4.00
1001 to 1500	5.00
1501 to 2000	6.00
2001 to 2500	7.00
2501 or over	8.00

The application of the table may be modified when basic needs of the recipient other than shelter can not be met due to the excessive cost of taxes or assessments. In such event the case record shall show the particular costs which necessitated a modification of the table.

Encumbered homes have a value of occupancy which shall be determined by subtracting from the appropriate value of occupancy as shown in the table for unencumbered homes the required monthly payment on liens (including principal and interest). The remainder, if any, is the net value of occupancy on encumbered homes.

EXAMPLE A: PROPERTY OWNED BY A SINGLE RECIPIENT ASSESSED AT \$1200 IS ENCUMBERED FOR \$250. MONTHLY PAYMENTS ON THE ENCUMBRANCE ARE \$3.00, (PRINCIPAL \$2.50 AND INTEREST 50¢).

VALUE OF OCCUPANCY FROM TABLE FOR UNENCUMBERED HOMES \$5.00
LESS PAYMENTS ON ENCUMBRANCE 3.00

NET VALUE OF OCCUPANCY \$2.00

When payments on liens, including principal and interest, or on a contract of sale (principal and interest) are required to be paid periodically, i.e., quarterly, semi-annually, annually, or at other stated non-monthly intervals, the required payment shall be pro-rated on a monthly basis. This pro-rated figure shall be considered as the equivalent of the required monthly payment, and shall be deducted from the table value of occupancy in order to determine the net value of occupancy.

(Section Continued on Next Page)

235-20 (Continued)

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5. Home Instruction of Physically Handicapped Child

Enrollment in home instruction under the public school system when physical impairment prevents the child from attending school.

TEMPORARY ABSENCE DEFINED

Absence due to reasons customarily accepted under the compulsory attendance laws of the State, or occasioned by religious holidays, regular vacation period, ill health of the child, temporary work permits, or suspension of not over two weeks is considered a temporary absence.

TERMINATION OF ENROLLMENT DEFINED

Termination of enrollment is:

1. Completion of course;
2. Student's abandonment of, or failure to resume course;
3. Expulsion for failure to comply with the rules and regulations of the school.

SCHOOL YEAR AND VACATION PERIOD DEFINED

For administrative purposes the School Year and the Vacation Period are designated as follows:

The School Year begins in September but after September 1, and closes after May 1, but before June 1.

The Vacation Period begins on June 1, and ends on September 1.

METHOD OF VERIFICATION OF ENROLLMENT

The Statement of Attendance (Form CA 213) verifies the child's enrollment at school. It is completed by the school officials (a stamped or typed signature is not acceptable unless countersigned or initialed), and retained in the county file.

To verify initial and continued eligibility for Federal participation the county shall:

Set up a procedure for the school to assume responsibility for notifying the county when a child terminates enrollment. In this procedure the county shall submit a Form CA 213, Statement of Attendance, and a Form CA 214, Notice of Termination of Attendance, to the school for each child over 16 and living with an eligible payee. Form CA 213 is completed by the school officials and returned to the county. Form CA 214 is retained by the school to be completed and returned to the county immediately upon the termination of the child's enrollment. The procedure shall

(Section Continued on Next Page)

**235-15 VERIFICATION OF REQUIREMENTS FOR FEDERAL PARTICIPATION
ANC****235-15**

The county shall determine whether children for whom ANC is granted meet the requirements for Federal participation in the grant of aid. Such participation is available when the child is eligible under the provisions of the ANC law and the following Federal requirements are met:

1. The child under 16 years of age is living with an eligible payee (SEE SEC. 628-00, PAYEES ELIGIBLE UNDER SOCIAL SECURITY ACT), OR
2. The child who is 16 years of age and under 18 years of age is living with an eligible payee and is regularly attending school (SEE SEC. 235-20, SCHOOL ATTENDANCE AS REQUIREMENT FOR FEDERAL PARTICIPATION, AND SEC. 627-80, FEDERAL PARTICIPATION ON CHILDREN BETWEEN AGES OF 16 AND 18 YEARS). (W&IC 1560; FSSB)

**235-20 SCHOOL ATTENDANCE AS REQUIREMENT FOR FEDERAL
PARTICIPATION
ANC**

Page 1 of 235-20

When a child between 16 and 18 years of age, who meets other Federal requirements, is regularly enrolled in school, Federal participation may be claimed. (SEE SEC. 235-15, VERIFICATION OF REQUIREMENTS FOR FEDERAL PARTICIPATION.) Such participation is available even though intermittent or temporary absences from school may occur, provided such absences do not result in termination of enrollment.

REGULAR SCHOOL ENROLLMENT DEFINED

Regular school enrollment is defined as instruction under any of the following conditions:

1. Full-Time Instruction

Enrollment at public grade school, high school, trade school, or college maintaining full-time curriculum.

2. Full-Time Private Instruction

Enrollment at private or parochial grade school, high school, trade school, or college maintaining full-time curriculum.

3. Part-Time Public Instruction

Enrollment at public continuation school or night school for three hours a day or a minimum of four hours a week.

4. Vocational Training

Enrollment for part-time private course such as beauty school or business college, provided attendance at such schools is acceptable to attendance authorities under the compulsory attendance laws.

(Section Continued on Next Page)

When the verification of school status is received by the county, any change of school status shall be reported to the SDSW by means of a Notice of Change (Form CA 232). (SEE MANUAL SEC. 363-15, RECORDING CHANGE OF SCHOOL STATUS ON SECTION III OF NOTICE OF CHANGE.) Such notifications of change of school status shall be submitted to the SDSW not later than the end of the month following the month in which the verification is received by the county.

2. 16th Birthday

When a child who becomes 16 during the school year is enrolled in school, he is considered eligible for Federal participation until he terminates school enrollment.

When a child becomes 16 during the Vacation Period, he is considered eligible for Federal participation until his school status is verified at the opening of the new school year. If non-enrollment is verified, he becomes ineligible for Federal participation at the end of the month of verification.

3. Termination of Enrollment

When a child over 16 terminates enrollment prior to the close of the school year, he is considered eligible for Federal participation until the end of the month in which his termination is verified.

4. Non-Enrollment

When a child over 16 enrolled in school at the close of a school year does not re-enroll for the following year, he is considered eligible for Federal participation until his school status is verified at the opening of the new school year.

5. Re-Enrollment

When a child over 16 who has previously terminated school enrollment re-enrolls, he is considered eligible for Federal participation from the first of the month in which he re-enrolls.

6. Change of Payee

When there is a change from an ineligible to an eligible payee for a child over 16, he is considered eligible for Federal participation until his school status is verified. If non-enrollment is verified, he becomes ineligible for Federal participation at the end of the month of verification.

Exception - When there is a change from an ineligible to an eligible payee for a child over 16 during the Vacation Period, he is considered eligible for Federal participation until his school status is verified at the opening of the new School Year. If non-enrollment is verified, he becomes ineligible for Federal participation at the end of the month of verification.

(Section Continued on Next Page)

235-20 (Continued)

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provide for a follow-up within 60 days of the end of the time limit allowed for verification if Form CA 213 is not returned before that time.

Exception - If the county has verification that a child over 16 has graduated from high school and the county record contains the statement of the parent or the person responsible for the child that there is no plan for the child to continue his education, no other verification of non-enrollment is required.

TIME LIMIT FOR VERIFICATION OF SCHOOL STATUS

When verification of school status is required, the request for such verification shall be initiated by the county as soon as administratively possible. In no instances shall the request be made later than the end of the month following the month in which the event requiring verification of school status occurred. A follow-up shall be made within 60 days of the end of the time limit allowed for initiation of verification if the CA 213 has not been returned before that time.

NEW APPLICATIONS

On new applications, school status for all children 16 to 18 shall be verified during the initial investigation, and reported on the Certificate of Eligibility (Form CA 201).

Exception - When ANC is granted for a child over 16 during the Vacation Period, he is considered eligible for Federal participation until his school status is verified at the opening of the new school year. If non-enrollment is verified, he becomes ineligible for Federal participation at the end of the month of verification.

CURRENT CASES

1. Annual Verification

School status for all children 16 to 18 living with an eligible payee shall be verified with the school officials once annually at the opening of the school year (September).

The county may include in the annual verification all children 15 years old who will reach their 16th birthdays during the current school year. If enrollment is verified for the 15 year old and no change of school status is reported, no further verification of school status is required at the time he reaches his 16th birthday. If non-enrollment is verified for the 15 year old, his school status shall be reverified by means of a Form CA 213 at the time he reaches his 16th birthday.

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Such notifications of school status shall be submitted to the SDSW not later than the end of the month following the month in which the verification is received by the county. (SEE SEC. 363-15, RECORDING CHANGE OF SCHOOL STATUS ON SECTION III OF NOTICE OF CHANGE.)

REIMBURSEMENT

Reimbursement for Federal participation will be made on the basis of the date of verified ineligibility provided due diligence is exercised, that is if verifications are initiated and followed up where necessary within the specified time limit. (W&IC 1560; FSSB)

235-35 VERIFICATION IN WHOLE ORPHAN AND FOUNDLING CLASSIFICATION ANC

235-35

To establish eligibility the deaths of both parents shall be verified. (SEE SEC. 193-10, CLASSIFICATION OF HALF-ORPHAN, PARENT DECEASED, FOR ACCEPTABLE TYPES OF DEATH EVIDENCE, ALSO, SEC. 235-40, VERIFICATION OF HALF-ORPHAN, PARENT DECEASED, FOR METHOD OF VERIFICATION OF DEATH.)

When the child is a foundling, the affidavit of the person who found the child, setting forth the circumstances and, if possible, the date of the finding shall be secured. A resume of efforts made to identify the child should be included in the case record. (SEE SEC. 192-00, CLASSIFICATION OF ORPHAN, W.O.) (W&IC 1500, 1560)

235-20 (Continued)

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RESTORATIONS (Except following discontinuance for adjustment.)

When aid is restored for a child over 16 who was enrolled in school at the time of discontinuance, he is considered eligible for Federal participation unless and until a change of school status is reported. No further verification of school status is required at the time of restoration.

Exception - When a new school year began between the date of discontinuance and the date of restoration, the child over 16 for whom aid is restored is considered eligible for Federal participation until his school status is verified. If non-enrollment is verified, the child becomes ineligible for Federal participation at the end of the month of verification.

When aid is restored for a child over 16 who was not enrolled in school at the time of discontinuance, he is considered ineligible for Federal participation unless enrollment in school is verified. School status shall be verified by means of a Form CA 213 at the time of restoration.

When aid is restored for a child who reached his 16th birthday between the date of discontinuance and the date of restoration, he is considered eligible for Federal participation until his school status is verified. School status shall be verified by means of a Form CA 213 at the time of restoration. If non-enrollment is verified, he becomes ineligible for Federal participation at the end of the month of verification.

RESTORATIONS (Following discontinuance for adjustment.)

When aid is restored for a child over 16 following a discontinuance of one month to adjust for an overpayment, his school status at the time of discontinuance governs eligibility for Federal participation from the date of restoration unless and until a change of school status is reported. No further verification of school status is required at the time of such restoration.

NOTIFICATION TO THE SDSW

The SDSW shall be notified of school status by means of a Notice of Change (Form CA 232) when:

1. Child reaches the age of 16 and is not enrolled in school.
2. Child is over 16 and terminates school enrollment.
3. Child is over 16 and was not previously enrolled in school but re-enrolls.
4. Child is over 16 and there is a change from an ineligible for Federal participation to an eligible payee.
5. Aid is restored for a child over 16 and a new school year began between the date of discontinuance and the date of restoration.
6. Aid is restored for a child over 16 who was not enrolled in school at the time of discontinuance.
7. Aid is restored for a child who reached his 16th birthday between the date of discontinuance and the date of restoration.
8. Aid granted during the Vacation Period for a child over 16.

(Section Continued on Next Page)

**351-80 REINVESTIGATION DURING ABSENCE FROM THE STATE
OAS, ANB, APSB, ANC****351-80**

In OAS, ANB, and APSB when reinvestigation of eligibility falls due during a period of absence from the State, the recipient shall be requested to complete the Affirmation of Eligibility (Form Ag, Bl 206). The requirement that the recipient have his signature acknowledged before a notary or other person authorized to attest his signature is optional with the county. (SEE SECS. 353-05, REPORT REQUIRED OF RECIPIENT WHO LEAVES STATE, AND 123-05, CONTINUANCE OF AID WHILE RECIPIENT ABSENT FROM STATE.) The recipient shall return Form Ag, Bl 206 with a statement of his intent with respect to residence and his living arrangements. The investigation shall be completed in accordance with the usual reinvestigation procedure for the particular category of aid, except that a home call need not be made. (SEE SEC. 351-12, HOME VISIT DURING REINVESTIGATION.)

In ANB and APSB the SDSW will assist in arranging for an acceptable eye examination upon written request from the county.

In ANC if reinvestigation of eligibility falls due during a period of absence from the State, the welfare department in the locality where the child is living shall be requested to assist in the completion of the Affirmation of Eligibility (Form CA 206). (W&IC 1560, 2140, 3075, 3089, 3460, 3473)

**351-90 REINVESTIGATION DURING TRANSFER OF AID FROM ONE COUNTY
TO ANOTHER
OAS, ANB, APSB, ANC****351-90**

When the due date of reinvestigation falls within the three months immediately preceding the effective date of transfer of aid from one county to another, the county currently paying aid need not make the reinvestigation as the second county will be making an investigation before it grants aid. (SEE SEC. 370-00, TRANSFER OF AID.)

In ANB and APSB when an annual reexamination of the eyes is required in connection with the reinvestigation, which would have been made had the person not moved to another county, the payment for such examination shall be made by the county currently paying aid. (SEE SEC. 235-00, PHYSICIAN'S REPORTS OF EYE EXAMINATION.) (W&IC 1560, 2140, 3075, 3460)

**351-65 REINVESTIGATION OF PAYEE, PARENTS' WHEREABOUTS AND
ASSISTANCE PLAN
ANC****351-65**

The relationship, if any, which the payee bears to the child should be redetermined whenever there is a change in the payee. (FSSA)

Efforts should be made to redetermine the whereabouts of living parents. (SEE SEC. 352-10, RECORDING OF REINVESTIGATION IN ANC)

The reinvestigation of assistance plan shall include verification of income including parents' wages, parents' actual contributions, earnings of minor children, income from securities, trust funds, pensions, etc. The parents' financial situation shall be redetermined as evidence of their ability to support.

The amount needed for the child shall be redetermined. This includes the reestablishment of need on a budgetary or cost of care basis, depending on the plan for the children. (W&IC 1500, 1560)

**351-75 REINVESTIGATION OF SCHOOL ATTENDANCE
ANC****351-75**

School attendance shall be verified for all children between 16 and 18 receiving ANC as provided in Sec. 235-20, School Attendance as a Requirement for Federal participation. (W&IC 1560; FSSA)

352-10 (Continued)

352-10

- Item 6A. Indicate by checking "yes" or "no" whether each child between 16 and 18, otherwise eligible to Federal participation, is regularly attending school. (SEE SECS. 235-20, SCHOOL ATTENDANCE AS REQUIREMENT FOR FEDERAL PARTICIPATION, AND 351-75, REINVESTIGATION OF SCHOOL ATTENDANCE.) When a child is not between 16 and 18 or does not qualify for Federal participation, record "none" or draw a line through space under this item.
- Item 6B. Record nature of evidence and date school attendance or non-attendance was last verified.
- Item 7A(1). Enter total assessed valuation of all real property holdings of parent, parents, and/or child or children.
- Item 7A(2). Enter verified value of cash or securities owned by parent, parents, and/or child or children. (If face value of insurance policies is used in determining value of personal property, include face value in total of cash and securities. See Sec. 143-89, Verification of Insurance.)
- Item 7A(3). Enter "no" if no transfer of either real or personal property was made for the purpose of qualifying for aid. If the facts determine that a transfer of property was made to qualify for aid, ineligibility is indicated. (SEE SEC. 135-00, TRANSFER OF REAL PROPERTY TO QUALIFY FOR AID, AND SEC. 146-10, TRANSFER OR ASSIGNMENT OF PERSONAL PROPERTY.)
- Item 7B(1). Enter evidence verifying assessed value of real property holdings. (SEE SEC. 351-15, REINVESTIGATION OF REAL PROPERTY.)
- Item 7B(2). Enter evidence verifying Item 7A(2). (SEE SEC. 351-20, REINVESTIGATION OF PERSONAL PROPERTY.) If face value of insurance policies is used in determining value of personal property, indicate by "F.V." (SEE SEC. 143-89.)
- Item 7B(3). When investigation reveals that there has been no assignment or transfer of real or personal property, enter "Investigation reveals none."
- Item 8A. Indicate in appropriate square whether child is receiving \$25 or more for his specific support from other than ANC funds. If answer is "yes," give name of child/children. (SEE SEC. 351-25, REINVESTIGATION OF INCOME.)
- Item 8B. No entry is required under this item if answer to 8A is "no." Enter evidence verifying specific support if 8A is answered "yes."

(Section Continued on Next Page)

**352-10 RECORDING OF REINVESTIGATION IN ANC
ANC****352-10**

The results of the reinvestigation shall be recorded under County Report of Eligibility Reinvestigation on the reverse of Affirmation of Eligibility (Form CA 206). A substitute method may be adopted by the county, subject to approval by the SDSW, provided it covers all the information requested on the reverse side of Form CA 206.

Instructions for completion of these items on the form follow:

- Item 1A. Enter classification (SEE SEC. 351-60, REINVESTIGATION OF CLASSIFICATION) according to appropriate abbreviation. (SEE SEC. 237-75, INSTRUCTIONS FOR CERTIFICATE OF ELIGIBILITY.) If children in the same family group are granted aid under different classifications, enter the second classification in the second space provided for this purpose.
- Item 1B. Enter evidence verifying classification. The description of evidence shall indicate whether eligibility under the appropriate classification is determined by the mother, father, or both parents, the nature of evidence verifying classification and the date of any change in classification.
- Item 2. Enter whereabouts of parents. (SEE SEC. 351-65, REINVESTIGATION OF PAYEE, PARENTS' WHEREABOUTS AND ASSISTANCE PLAN.)
- Item 3. Enter the given names of the children who are receiving aid under the classification listed in Item 1A. For example, when there are two fathers and hence two classifications, enter the given name of children receiving aid under the second classification under the second Item "3." The second Item "3" may be used to enter names of children in the same classification when there are more than five children in the family group. Mark out the second "1A," "1B" and "2" when the second "3" is used in this way. Use a rider for any additional children or for any additional set of parents and classification in the same family.
- Item 4. Enter living plan for each child by appropriate abbreviation. (SEE SECS. 351-35, REINVESTIGATION OF LIVING ARRANGEMENTS, AND 237-75.)
- Item 5. Enter under Item 5A family relationship or other relationship, of the payee to each child in order to determine eligibility to Federal participation. Record under Item 5B the payee's name when the payee is other than the applicant. When the payee and applicant are the same person, draw a line through Item 5B. (SEE SEC. 351-65.)

(Section Continued on Next Page)

**361-60 CHANGE IN SCHOOL STATUS REPORTED ON NOTICE OF CHANGE
ANC****361-60**

A change in school status as provided in Sec. 235-20, School Attendance as a Requirement for Federal Participation, shall be reported to the SDSW on the Notice of Change (Form CA 232). (SEE SEC. 363-15, RECORDING CHANGE OF SCHOOL STATUS ON SECTION III OF NOTICE OF CHANGE.) (W&IC 1560; FSSB)

**361-75 ACTION BY BOARD OF SUPERVISORS ON NOTICES OF CHANGE
OAS, ANB, APSB, ANC****361-75**

Action of the board of supervisors is required upon all Notices of Change (Form Ag, B1, CA 232) except those which report school status for ANC. (W&IC 1560, 2140, 2184, 3075, 3089, 3460)

**361-50 DISCONTINUANCE OF AID
OAS, ANB, APSB****361-50**

Aid shall be discontinued when the recipient does not meet the eligibility requirements of the respective category of aid. (W&IC 2001, 2140, 3026, 3075, 3089, 3460)

In OAS and ANB when ineligibility resulted from income received, but receipt of that income was not discovered by the county in time to discontinue the aid effective not later than the last day of the second month following that in which the income was received, aid shall continue if the recipient is otherwise eligible. He shall be requested to reimburse the county to the extent of the aid paid in the month the income was received from resources he may have other than the grant of aid and the income to which he is currently eligible under the provisions of the law for the particular category of aid. (See Sec. 670-85, OVERPAYMENTS CAUSED BY INCOME.)

EXAMPLE: A COUPLE, THE GRANT OF OAS FOR EACH BEING \$50 A MONTH, WERE JOINT BENEFICIARIES OF A FRIEND'S INSURANCE POLICY. THEY RECEIVED \$500 OR \$250 EACH ON AUGUST 15. AID IS DISCONTINUED AUGUST 31. (SEE SEC. 215-00, RESTORATION OF AID.) SHOULD THE COUNTY NOT LEARN OF THE INCOME UNTIL SEPTEMBER OR OCTOBER, AID IS DISCONTINUED, EFFECTIVE SEPTEMBER 30, OR OCTOBER 31, RESPECTIVELY. SHOULD THE COUNTY NOT LEARN OF THE INCOME UNTIL NOVEMBER 5, WHEN THE ANNUAL REINVESTIGATION IS MADE, AID SHALL NOT BE DISCONTINUED, BUT EACH RECIPIENT SHALL BE REQUESTED TO REFUND \$50.

Discontinuance of aid is effective as of the last day of the month for which the last warrant was delivered. (W&IC 2140, 2183, 3075, 3460)

When a transfer of costs between counties falls upon the first day of the month, the effective date of discontinuance by the first county shall be the last day of the preceding month. (W&IC 2220, 3090, 3450)

In OAS, ANB and APSB, when a warrant is issued but not delivered prior to the recipient's death, aid shall be discontinued as of the last day of the preceding month. (SEE SEC. 611-00, PAYMENT WHEN GRANTEE DIES.) (W&IC 2140, 3075, 3460; AGO NS1930)

**363-15 RECORDING CHANGE OF SCHOOL STATUS ON SECTION III OF
NOTICE OF CHANGE
ANC****363-15**

A change of school status for children between 16 and 18 who are otherwise eligible for Federal participation shall be recorded on Section III of the Notice of Change (Form CA 232) as follows:

Record name of child, date of enrollment or date of termination, and date of verification by the county. This section shall be signed by the county public assistance worker reporting the change of school status.

When change of school status is the only change to be reported on the Notice of Change, only Section III should be completed to show data regarding school status, i.e., Sections I, II, and IV of Form CA 232 should be left blank. Section V may be completed if there is action by the board of supervisors.

SEE SEC. 235-20, SCHOOL ATTENDANCE AS A REQUIREMENT FOR FEDERAL PARTICIPATION. (W.&I.C. 1560; FSSB)

**363-20 RECORDING CHANGE OF PAYEE ON SECTION IV OF NOTICE OF CHANGE
ANC****363-20**

Section IV is to be completed when reporting change of payee.

Item A. If child/children is in home eligible for Federal participation, secure the signature of the eligible payee, indicating relationship of payee to child/children and address where child/children will be maintained.

The Notice of Change (Form CA 232) bearing the signature of the eligible payee shall be retained in the county file. The copy forwarded to the SDSW need not bear the signature of the eligible payee, provided it shows the name, relationship and address of the eligible payee and bears the county official's statement that the signature of the eligible payee is on file in the county office.

Item B. If child/children is in a home ineligible for Federal participation, secure the signature of the county official or other person responsible for placement of the child/children. (W.&I.C. 1560; FSSA)

**363-25 APPROVAL BY THE BOARD OF SUPERVISORS ON SECTION V OF THE
NOTICE OF CHANGE
ANC****363-25**

Record the name of county, and date of action by the county board of supervisors. The Notice of Change (Form CA 232) shall bear either the original or facsimile signature of the county clerk or deputy. A facsimile signature shall be affixed either by or under the special authority of the county officer whose signature is thus affixed. (W.&I.C. 1560)

363-10 (Continued)

363-10

- Item 8. Change in policy. Enter this code number if ANC is discontinued because a change in legal or administrative policy makes the child/children ineligible at the time of the change, although previously eligible. Do not include here discontinuances because of refusal to comply with a requirement adopted or modified after acceptance of the case; for such cases enter code number 14, and include explanation under Remarks.
- Item 9. Parent discharged from institution. Enter this code number when the discharge of a parent from an institution renders the child/children ineligible for ANC. (SEE SEC. 193-30, CLASSIFICATION OF HALF-ORPHAN, PARENT COMMITTED TO INSTITUTION (P.C.I.).)
- Item 10. Father no longer incapacitated for gainful work. Enter this code number if a child/children becomes ineligible because the CIF or TBF father is no longer incapacitated for gainful employment, according to physician's report, or is, in fact, gainfully employed.
- Item 11. Whereabouts of absent parent known. Enter this code number when determination of the whereabouts of the parent makes the child/children ineligible for ANC. This refers to the following classifications: WFU; HO, based on presumptive death of parent; and abandoned child, when eligibility is established other than by court order.
- Item 12. Transferred to _____ County. Enter this code number when ANC is discontinued because of a transfer to another county under the provisions of Section 1527, W. & I. C. In Section II enter the name of the county in the space provided. (SEE SEC. 370-00, TRANSFER OF AID.)
- Item 13. Moved out of State--loss of State residence. Enter this code number when ineligibility occurs because of loss of State residence.
- Item 14. Refusal after acceptance to comply with established regulations. Enter this code number if the family refuses to comply with requirements with respect to property, supplying information, etc.
- Item 15. Other. Enter this code number when ANC is discontinued for some reason other than those listed under Items 1 through 14. Under Remarks, explain in detail the reason, or reasons, for discontinuance; such as, death, paternity admitted, etc. (W.&I.C. 1560)